2001	UNIFORM BU	SINESS REPO		FILED Sep 10, 2001 08:00 AM Secretary of State			
1. Entity Nam	MENT # P9900 rional dialing service						
Principal Place 3350 NW 2ND A A44 BOCA RATON 33431	AVE	Mailing Address 2 s. BISCAYNE BLVD STE 3599 MIAMI 33131	FL				
2. Principal P	lace of Business	3. Mailing Address 2 s. BISCAYNE BLVD	<u> </u>		-		
Suite, Apt. #, etc. A44		Suite, Apt. #, etc. STE 2680		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
City & State BOCA RATON		City & State	FL	4. FEI Number 65-0922126	Applied Fo		
Zip 33431	Country Us  6. Name and Address of Curre	Zip 33131	Country us	Certificate of Status Desired     Name and Address of New Register	\$8.75 Additional Fee Required		
	MARK JESQ. AYNE TOWER -STE 3599 ISCAYNE BLVD US	FL	ONE BIS	MARK JESQ.  Jdress (P.O. Box Number is Not Acceptable)  CAYNE TOWER -STE 2680  I BISCAYNE BLVD	Zip Code		
Tax filing r	Signature, typed or printed name of registered at praction is eligible to satisfy its Intangrequirement and elects to do so.	ible FILE NOW	III FEE IS \$150.I	10. Election Campaign Financing  Trust Fund Contribution	10/2001 = \$5.00 May Added to Fee:		
11.		Make Check Paya  ND DIRECTORS	ble to Department	of State  ADDITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GARLIN BARRY 3350 NW 2ND AVE BOCA RATON	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GARLIN BARRY 3350 NW 2ND AVE, SUITE A-44	M Change ☐ Ad	034 (11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLINE BRAD 3350 NW 2ND AVE BOCA RATON	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLINE BRAD 3350 NW 2ND AVE, SUITE A-44 BOCA RATON FI		addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad	idition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad	idition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad	Idition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Ad		
of the cor		mpowered to execute this report	rny signature snati ni t as required by Cha	ed in Section 119.07(3)(i), Florida Statutes. I further ave the same legal effect as if made under oath; the pter 607, Florida Statutes; and that my name appea			

PD

09/10/2001 Date

Daytime Phone #

SIGNATURE: Brad Kline SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR