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Mar 25, 1999 8:00 am
Secretary of State
03-25-1999 90032 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000022436**

1. Corporation Name
INTERNATIONAL TELECOMMUNICATIONS MARKETING, INC.

Principal Place of Business	Mailing Address
5825 WILLOWBUD COURT ORLANDO FL 32807	5825 WILLOWBUD COURT ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1998

2. Principal Place of Business 21: 627 CEDAR BEND CIRCLE 22 Suite, Apt. #, etc.: Suite 201 23 City & State: ORLANDO, FLORIDA 24 Zip: 32825 25 Country:	2a. Mailing Address 26: 627 CEDAR BEND CIRCLE 27 Suite, Apt. #, etc.: Suite 201 28 City & State: Orlando, FLORIDA 29 Zip: 32825 30 Country: USA

4. FEI Number: 59-3496987 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name: AMERILAWYER 82 Street Address (P.O. Box Number is Not Acceptable): 343 ALMERIA AVENUE 83 84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	☐ Change ☐ Addition
NAME	NIAZY, AHMED NABIL		1.2 NAME	NIAZY, AHMED NABIL	
STREET ADDRESS	5825 WILLOWBUD COURT		1.3 STREET ADDRESS	627 CEDAR BEND CIRCLE #201	
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY-ST-ZIP	ORLANDO FL. 32825	
TITLE	V	☐ DELETE	2.1 TITLE	V	☐ Change ☐ Addition
NAME	NIAZY, NABIL AHMED		2.2 NAME	NIAZY, NABIL AHMED	
STREET ADDRESS	5825 WILLOWBUD COURT		2.3 STREET ADDRESS	627 CEDAR BEND CIRCLE #201	
CITY-ST-ZIP	ORLANDO FL 32807		2.4 CITY-ST-ZIP	Orlando FL. 32825	
TITLE	S	☐ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	TUBBS, JASMINE		3.2 NAME	TUBBS, JASMINE	
STREET ADDRESS	5825 WILLOWBUD COURT		3.3 STREET ADDRESS	627 CEDAR BEND CIRCLE #201	
CITY-ST-ZIP	ORLANDO FL 32807		3.4 CITY-ST-ZIP	Orlando FL. 32825	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jasmine Tubbs 3/22/99 (407) 380-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)