2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000022436 May 04, 2000 8:00 am 1. Entity Name INTERNATIONAL TELECOMMUNICATIONS MARKETING, INC. Secretary of State 05-04-2000 90099 005 ***158.75 Mailing Address Principal Place of Business 627 CEDAR BEND CIR. 627 CEDAR BEND CIR. STE 201 STE 201 ORLANDO FL 32825 ORLANDO FL 32825-6782 3. Mailing Address 2. Principal Place of Business ORANGE ANE 201 S. Ormnige DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. んけきこ しわし 4. FEI Number Applied For City & State City & State 59-3496987 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VSTD PTD TITLE X Change ☐ Addition ☐ Delete TITLE NIAZY, AHMED NABIL NIAZY, AHMED NABIL NAME NAME SALIDIA CITY SC 14-16 JEDEAH 21413 KINGBOLT OF SPUDI ARABIA PD 627 CEDAR BEND CIR #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 **Addition** ☐ Change TITLE Delete TITLE NIAZY, NABIL AHMED HAMDUDA, IBRAHIM A NAME 100 MEDINA RD STREET ADDRESS 627 CEDAR BEND CIRCLE #201 STREET ADDRESS JEPRALL DE SAUDI ARABIA CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32825 Delete Change Change ☐ Addition TITLE TUBBS, JASMINE NAME NAME 627 CEDAR BEND CIR #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 report or supplemental 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 truffee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.