FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90213 003 ***150.00

Maring Accrees JITH AIDER PHILADEL PHI	1. Entity Nam VERIZON	ADVANCED DATA INC.					100	041 3 8		
Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired SA.75 Additional Fee Required* C. Country S. Certificate of Status Desired SA.75 Additional Fee Required* C. T. CORPORATION SYSTEM Name and Address of New Registered Agent State Address of New Registered Agent City	1320 N COUR	RT HOUSE RD	03							
City & State Country Country S. Certificate of Status Desired \$8.75 Additional Foo Required State Additional Foo Required Foo Required CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code City FL Zip	2. Principal Pi	lace of Business	3. Mailing Address							
State Stat	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		1	CHECK HERE	IF MAKING C	HANGES	
S. Certificate of Status Desired Foo Required F	City & State	e	City & State			4. FEI Nu				piled For of Applicable
Name			` <u></u>	Country	-			□ Ė	e Require	
CTOORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City City FL Zip Code City Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code ONE Size Address (P.O. Box Number is Not Acceptable) City City FL Zip Code ONE Size Address (P.O. Box Number is Not Acceptable) City City Size Address (P.O. Box Number is Not Acceptable) City City Size Address (P.O. Box Number is Not Acceptable) City City Size Address (P.O. Box Number is Not Acceptable) City City Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) City Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acc		6. Name and Address of Current I	Registered Agent	Non		7. Name	and Address of New I	Registered Ag	ent	-
A 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. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, typed or primed name of substantal agent and life if applicable. (NOTE Registered Agents ignature required when in instailing) PILE NOVVIT FEE IS \$150,00 After May 1 2003 Fee, will be \$550,00 After May 2 2003	1200 SOUTH	H PINE ISL'AND ROAD				P.O. Box Nu	mber is Not Acceptab	le),		
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and achieve the obligations of registered agent. SIGNATURE Signature, syndror primari name of substandariam and life if applicable. FILE NOW!!! FEE IS \$150.00 After May 1 2003 Fee will be \$550.00 After May 2 2003 Fee				City			·,	F 1	Zip Cod	
SIGNATURE Signature, product printed name of registered agent and title if applicates. (NOTE Registered Agent Experience Incompany Printed Union International Pages and Agent Experience Incompany Printed Union International Pages and Agent Experience International International Pages and Agent Experience International International Pages and DIRECTORS Into International Pages Internati									- 11	
FILE NOW!! FEE IS \$150.00 After May 1 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ORACLE PELLIZI, VERONICA STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE S OULLINA, JOHN S STREET ADDRESS CITY-ST-ZIP AT ORACLE CITY-ST-ZIP TITLE TITLE AT ORACLE CITY-ST-ZIP TITLE AT ORACLE CITY-ST-ZIP TITLE TITLE AT ORACLE CRAPPER CRAPPER TO Change ARACLE CRAPPER TO CHANGES TO			. The purpose of changing its	i leðiðielen mir	e Or register	ieu ageiit, ui	DOM, III line State OF F.	Oricia. 1 asii fai	illia ezer Yentan,	and accopt
### After May 1-2003 See will be \$550.00 Make Office Payable to Florida Department of State.		Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E Registered Agents	igratus supered	1 when reinstating	0	DATE		-,
TITLE NAME PELLIZZI, VERONICA 1166 AVE OF THE AMERICAS STREET ADDRESS CITY-ST-ZP NEW YORK, NY 10036 TITLE S CULLINA, JOHN S STREET ADDRESS CITY-ST-ZP TITLE AT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE AT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP PHILADELPHIA, PA 19103 TITLE VTD NAME NAME NAME NAME NAME NAME NAME NAME	After	May 1, 2003 Fee will be \$650.00	·f State			9.				
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12. 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 suppliemental 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 directly on the receiver or trustee empreyed to execute this course, and that my signature and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly on the receiver or trustee empreyed to execute this course, and that my signature appears in Block 10 or Block.	12. I hereby o	ertify that the information supplied with	this filing does not qualify fo	r the exemption	stated in Sec	ction 119.07	(3)(i), Florida Statutes.	I further certify	that the in	nformation

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

4/16/03

215-963-6343 DayLine Phone #