2005 FOR PROFIT CORPORATION

May 16, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F00000004136** 05-16-2005 90197 026 ***550.00 1. Entity Name ZONÉ TELECOM, INC. Principal Place of Business Mailing Address 200 LAKE DRIVE EAST - SUITE 200 200 LAKE DRIVE EAST - SUITE 200 CHERRY HILL, NJ 08002 US CHERRY HILL, NJ 08002 US 2. Principal Place of Business 3. Mailing Address #3 Executive Compus #3 Executive Suite, Apt. #, etc. Suite, Apt. #, etc. 05102005 CR2E034 (10/03) Chg-P Ste 520 Ste 520 Applied For City & State City & State 4. FEI Number Cherry Hill, NJ 04-3520968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired a Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, twoed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change **PRES** ☐ Delete TITLE Addition TITLE METZGER, TERRY NAME NAME #3 Executable Compus Ste 520 200 LAKE DRIVE EAST - STE. 200 STREET ADDRESS STREET ADDRESS Cherry H. 11, NJ 08002 CITY-ST-ZIP CITY-ST-ZIP CHERRY HILL, NJ 08002 Change ☐ Delete ☐ Addition TITLE TIRE EAMON, EGAN NAME NAME = 3 Executive Compus Ste 520 200 LAKE DRIVE EAST - STE, 200 STREET ADDRESS STREET ADDRESS Cherry Hill, NJ 08002 CHERRY HILL, NJ 08002 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Bamon V.M.

1856) 919 -6904

FILED