2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT #** F01000002622 1. Entity Name GLOBAL CELLULAR ACCESSORIES. INC. 05-14-2002 90057 050 ***150 00 Principal Place of Business Mailing Address 5910 SHILOH RD E 5910 SHILOH RD E SUITE 106 SUITE 106 ALPHARETTA GA 30005 ALPHARETTA GA 30005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2533729 Not Applicable Zip Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKOURAS, DORINNE Street Address (P.O. Box Number is Not Acceptable) 1800 MOSSWOOD DR MELBOURNE FL 32935 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME SKOURAS, KOSTANTINOS NAME STREET ADDRESS 45027 GARDNER DR STREET ADDRESS CITY-ST-7IP **ALPHARETTA GA 30004** CITY-ST-ZIP ☐ Delete TITLE 🔀 Change ☐ Addition NAME BROWN, JOSEPH NAME STREET ADDRESS 45027 GARDNER DR STREET ADDRESS CITY-ST-ZIP ALPHARETTA GA 30004 CITY-ST-ZIP ☐ Delete TITLE Change Addition BROWN, JAIME NAME STREET ADDRESS 45027 GARDNER DR STREET ADDRESS CITY-ST-ZIP ALPHARETTA GA 30004 CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

CR2E034 (9/01