FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am § Secretary of State DOCUMENT # F01000006600 1. Entity Name 05-28-2002 91691 042 ***550.00 ORION TELECOM OPERATING CORPORATION Principal Place of Business Mailing Address 4919 SILVER FERN DR. 4919 SILVER FERN DR. SARASOTA FL 34241 SARASOTA FL 34241 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 88-0497394 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDDEN, W. GLENN Street Address (P.O. Box Number is Not Acceptable) 4919 SILVER FERN DRIVE SARASOTA FL 34241 City Zip Code FL 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) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.D TITLE ☐ Delete Change ☐ Addition TITLE SHEPPARD, BURL R NAME NAME 500 CHESTNUT STREET STE 1730 STREET ADDRESS STREET ADDRESS ABILENE TX CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change Change ☐ Addition NAME ADWAR, GARY S NAME 616 SAN VICENTE BLVD STE A STREET ADDRESS STREET ADDRESS SANTA MONICA CA CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME REDDEN, W. GLENN STREET ADDRESS 4919 SILVER FERN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota fl CD ☐ Delete TITLE TITLE □ Change ☐ Addition NAME RAINEY, JERRY W NAME 9919 TOPAZ AVE., STE 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **HESPERIA CA** CITY-ST-ZIP TITLE ☐ Delete 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-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other fixe impowered.

SIGNATURE: