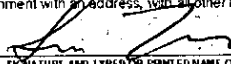


FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90186 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000002863					
1. Entity Name VOIP ENTERPRISES INC.					
Principal Place of Business 30-50 WHITESTONE EXPRESSWAY, SUITE 103 FLUSHING, NJ 11354			Mailing Address 30-50 WHITESTONE EXPRESSWAY, SUITE 103 FLUSHING, NJ 11354		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 11-3589613			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 626 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PCD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TAWFIK, SAM		NAME		
STREET ADDRESS	30-50 WHITESTONE EXPRESSWAY, SUITE 103		STREET ADDRESS		
CITY-ST-ZIP	FLUSHING, NJ 11354		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BARLEY, DOUGLAS		NAME		
STREET ADDRESS	30-50 WHITESTONE EXPRESSWAY, SUITE 103		STREET ADDRESS		
CITY-ST-ZIP	FLUSHING, NJ 11354		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			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-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 507, 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:  SAM TAWFIK 3/17/03 (718) 358-5390					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)