2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # F94000004479° TOUCH 1 COMMUNICATIONS, INC. 03-13-2001 90074 046 ***150.00 Mailing Address Principal Place of Business 100 BROOKWOOD DRIVE PO BOX 10751 ATMORE AL 36502 ATMORE AL 36504 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-1125463 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. [] Addition TITLE Delete TITLE CORMAN, JAMES F NAME NAME STREET ADDRESS 100 BROOKWOOD RD STREET ADDRESS CITY-ST-ZIP ATMORE AL CITY-ST-ZIP Director **X** Change [] Addition ☐ Delete TITI F TITLE Gregg Smith CORMAN, W F NAME NAME 601 S. Harbour Island Blud 100 BROOKWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ATMORE AL 36502 Tampa, FL 33602 Change ☐ Addition ☐ Delete TITLE Secretary DAVIS, TREY NAME Mark Johnson NAMÉ ... 601 3. Harbour Island Blud STREET ADDRESS STREET ADDRESS 100 BROOKWOOD RD CITY-ST-ZIP CITY-ST-ZIP ATMORE AL 36502 Tampa, FL 33602 **X** Change Addition ☐ Defete TITLE Director MILLER, J R III NAME NAME Mark Johnson 601 3. Harbour Island Blud 100 BROOKWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATMORE AL 36502 Tampa, FL 33602 TITI F ☐ Delete TITLE Change ☐ Addition CORMAN, JAMES F NAME NAME 100 BROOKWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATMORE AL 36502 Vice President ☐ Delete TITLE Change ★ Addition TITLE Gregg Smith 601 5. Harbour Island Blud NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 like empowered.

CITY-ST-ZIP

SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

James F. Corman

Tampa, FL

3360 A