## F95000003130

| (Requestor's Name)  (Requestor's Name)  (S EAST PARK AVENUE SUIT  (Address)  (LLAHASSEE, FL 32301 (9  (City, State, Zip) | E 200 1465<br>04) 681-6528   |
|--|--|
| PRPORATION NAME(S) & Conference (Corporation Name)   | OFFICE USE ONLY  DOCUMENT NUMBER(S) (if known):  STORE TARY OF STATE  COn munications Incorporated  (Document #)  (Document #)   |
| (Corporation Name)   |  |
| Walk in Pick up tim Mail out Will wait   | Cartified Copy  ARTICLES ONLY  Photocopy  Certificate of Status  CERTIFICATE OF GOOD STANDING  |
|  | AMENDMENTS   |
| NEW FILINGS  | The state of the s |
| NEW FILINGS  | Amendment Certificate of FICTICIOUS  |
| and the second of the second   | Continue of FICTICIOU  |
| Profit   | Amendment Certificate of FICTICIOU   |
| Profit NonProfit   | Amendment  Resignation of R.A., Officer/Director  FIGTICIOUS NAME SEARC  |

| ¥ 1,310 | OTHER FILNGS     |
|---------|------------------|
|         | Annual Report    |
| **:     | Fictitious Name  |
|         | Name Reservation |

|                    | REGISTRATION/<br>QUALIFICATION |
|--------------------|--------------------------------|
| , ii. x            | QUALIFICATION                  |
| X                  | Foreign                        |
| $I_{\mathbb{R}^n}$ | Limited Partnership            |
|                    | Reinstatement                  |
| <b>7</b>           | Trademark                      |
|                    | Other                          |

# HOLD FOR PICKUP BY UCC SERVICES

|                   | <br>   |     |
|-------------------|--------|-----|
|                   | <br>   | 4.7 |
|                   | <br>   |     |
| Examiner's Initia | <br>   |     |
| PTOMINAC'S INVII  |        |     |
| CASIMILL DING     | 1. 4.4 |     |
|                   |        |     |

#### RESOLUTION

| WHEREAS, the corpor<br>THEREFORE, BE IT RE<br>assumed name, ETI-Te<br>for transacting bus | SOLVED, that the communications | <i>ነ</i> በር . | ignorities that the significant |
|---|---------------------------------|---------------|---------------------------------|
| APPROVED on vote of the Directo   |                                 |               | the <u>/00</u> %                |

DIVISION OF CONTROLS

95 APR 26 PH 1:44

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING I... SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (State or country under the   | 3. 11-3099624  | able)  |
|---|--|--|
|   |  |  |
| (Date of Incorporate  | on) (Duration: Year corp. will cease to  | exist or "perpetual"   |
| Upon Quali  | fication   |  |
| (Date first transacted busing   | ness in Florids, (See sections 607.1501, 607.1502, and 817,155, F.S.)                                  |  |
| 17 John S   | Street, 16th Floor   |  |
|   |  |  |
| en transfer of New York,  | , N.Y. 10038<br>(Current mailing address)  |  |
|   |  |  |
| Long dista  | ance Telecommunication services  |  |
| Name  | ddress of Florida registered agent:  : Corporation Service Company  1201 Hayes Street                  | 95 APR 26 PH 32301   |
|   | Tallabassee , Florida ,  | 32301  |
|   |  | (Zip Code) A   |
|   |  |  |
|   |  | - en   |
| D. Registered agent   | 'a acceptance:   | 14 888<br>888  |
| こないさんきち 無い さかに かっこう 砂 ム   | 's acceptance:<br>registered agent and to accept service of process                                    |  |
| aving been named as proporation at the place                            | registered agent and to accept service of process<br>e designated in this application, I hereby accept | for the above stated the appointment as                        |
| aving been named as<br>orporation at the place<br>gistered agent and ag | registered agent and to accept service of process  | for the above stated the appointment as ly with the provisions |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### 12. Names and addresses of officers and/or directors:

#### A. DIRECTORS

|                                   | 17 John Street. 16th Fl. New York, N.Y. 10038   |                |
|-----------------------------------|---|----------------|
| Vice Chak                         | rman: Menachem Goldstone  |                |
| Address:                          | 17 John Street, 16th Fl.  |                |
|                                   | New York, N.Y. 10038  |                |
|                                   |   |                |
| Address:                          | 성실실 (기능 사용) - 전환경인 이 전환 기술을 위한다는 경우 기술을 위한다는 경우 기술을 받는 것이다.<br>기술을 하는 것이 기술을 가지 않는 것이 있습니다. |                |
|                                   |   |                |
| Director: _                       |   |                |
| Address:                          |   |                |
|                                   |   |                |
| )FFICERS                          |   |                |
| Santa Araba an garatan da dalah s | Avrohom Oustatcher  |                |
| 的复数有心脏器的 医毛形 化多尔瓦                 | 17 John Street, 16th Fl   |                |
|                                   | New York, N.Y. 10038  |                |
|                                   | ident: Menachem Goldstone   | -              |
| Address:                          | 17 John Street 16th Fl.   |                |
|                                   | New York N.Y 10038  |                |
|                                   | : Avrohom Oustatcher  |                |
| Address:                          | 17 John Street 16th Fl  |                |
|                                   | New York, N.Y. 10038  |                |
| 신경화 결혼하로 한다고요                     | r: Menachem Goldstone   |                |
| Address:                          | 17 John Street 16th Fl  |                |
|                                   | New York, N.Y. 10038  |                |
| If necessary, you lirectors.      | may ettach an addendum to the application list  | ing additional |
| 20                                |   |                |
|                                   | 12 v.0  |                |
| ature of Chairman, Vic            | e Chairman, or any officer listed in number 12 of the appli                                 | Cason)         |

### State of New York Department of State

I hereby certify, that the certificate of incorporation of EASTERN TELECOMMUNICATIONS INCORPORATED was filed on 01/03/1992, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of April one thousand nine hundred and

OF NEW Secretary of State

MENT OF SECRETARY OF STATE

MENT OF SECRETARY OF SECRETA

199504170009

DIVISION OF CONFUNCTION

95 APR 26 PH 1: LL



| TO:      | Office of the Secretary of State   |  |  |  |  |  |  |  |
|----------|------------------------------------|--|--|--|--|--|--|--|
| FROM:    | Tina Leland                        |  |  |  |  |  |  |  |
| DATE:    | March 13, 1996                     |  |  |  |  |  |  |  |
| SUBJECT: | Change of Registered Agent/Address |  |  |  |  |  |  |  |

MEMO:

800001749758 -03/19/96--01126--006 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Please file and return a conformed copy/receipt of the attached document(s) requesting that the registered agent/address be changed.

Should you have any questions or problems please call me at 800/722-0708

The conformed copy/receipt should be returned to:

Attn: Tina Leland Unisearch, Inc. P.O. Box 10238 Olympia, WA 98502-0998

Thank you for your assistance.



PACH POPOLES

#### Florida Department of State, Sandra B. Mortham, Secretary of State

#### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of New York submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: <u>Eastern Telecommunications Incorporated</u> 1b. The mailing address of the corporation is: 17 John Street, 16th Floor, New York, NY 10038 1c. Date of incorporation: 01/03/92 \_ Document number: The name and address of the current registered agent and office: Corporation Service Company 1201 Hays Street FL 32301 Tallahassee, 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) NRAI Services, Inc. 526 E. Park Avenue Tallahassee, FL 32301 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Menachem Goldstone, Secretary (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. 100 13, 1996 (Signature of Registered Agent) If signing on behalf of an entity:

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

Tina C. Leland

CR2E045(11/94)

(Typed or Printed Name)

|  |                            | PLEASI            | E READ /   | ALL INST  | OMPLET   | NAZWAD                                    | ORM.   |  |  |                                       |                      |                |
|--|----------------------------|-------------------|--|---|--|---|--|--|--|---------------------------------------|----------------------|----------------|
| APPLICATION FLORIDA FOR S  PEINSTATEMENT   |                            |                   | DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |   | COMPLETING THE COMM.  AND FILED  96 SEP 23 PH 12: 01                       |   |  |  |  |                                       |                      |                |
| DOCUMENT # F950000213  |                            |                   |  |   | 30   |   |  | SECRETARY OF STATE TALLAHASSEE. FLORIDA  |  |                                       |                      |                |
| ETI-TELECOMMUNICATIONS INC.  |                            |                   |  |   |  | ·   | 300001955683<br>-09/25/9601002013<br>****375.00 ****375.00 |  |  |                                       |                      |                |
| Principal Place of Business Mailing Address 17 JOHN ST. 17 JOHN ST. 16TH FLOOR 16TH FLOOR NEW YORK NY 10036 NEW YORK I |                            |                   |  |   | 1.<br>R  |   |  | 300001955683                             |  |                                       |                      | <b>9</b>       |
| 2. New Prin  | incipal Office /           | Incorrect in a    | ny way, line thro<br>plicable  | 3. New Mailir   | nformation and enter correction below,<br>ng Office Address, If Applicable |   | -09/25/9601002014<br>************************************  |  |  |                                       |                      |                |
| Suito, Apt. J<br>City & State  |                            |                   |  | Suite, Apt. #,  | , etc.   |   | 5. FEI Number 11-3099824 Applied For Not Applicable        |  |  |                                       |                      |                |
| Zıp.   |                            | Country           |  | Zip   | C  | Country 6.  CERTIFICATE OF STATUS DESIRED |  |  |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                      |                |
| Titlo(;*)  | 1 2                        |                   |  | Street Address of Each<br>Officer and/or Director<br>3 (Do NOT Use Post Office Box Numbers) |  | _   | era) C Ty / State / Zip                                    |  |  |                                       |                      |                |
| P80  |                            | HER, AVRO         |  |   | 17 JOHN ST.  |   | NEW YORK NY 10038  |  |  |                                       |                      |                |
| VTD  | GOLDETO                    | ONE, MENA         | <b>HEM</b><br>   |   | 17 JOHN 8  | 17 JOHN ST.                               |  |  | HEW YORK NY 18098  |                                       |                      |                |
|  |                            | REINST            |  |   |  |   | ATEME  | NT_9                                     | f of   | D                                     |                      |                |
|  |                            |                   | ~  |   |  |   |  |  |  |                                       |                      |                |
| 8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 528 E. PARK AVENUE TALLAHASSEE FL 32301            |                            |                   |  |   | nt   | S   | freet Address (F<br>526 )<br>uite, Apt. #, Etc             | Services<br>P.O. Box Number<br>E. Park A | is Not Acceptable)   |                                       | Zip Code<br>32301    | [liky] ono3ZQO |
| Signature of Registernal   | Agent                      | corporat          | d 9  | Jan d<br>GISTERED AG<br>ny intang   | ENTMUST SIG  | in the                                    | nd accept the o  | bligations of Section                    | Date   | 9/25                                  | or information       |                |
| 12. I certify<br>this rein<br>owed by  | that I am an estatement ap | officer or direct | clor or the receive  | er or trustee en<br>lution has been   | npowered to exe<br>eliminated, the<br>luals listed on th                   | ecute this<br>corporate                   | application as properties                                  | provided for in cha<br>the requirements  | opter 607 or 617, F.:<br>of section 607.040<br>der section 119.07( | or 617.0401                           | l. F.S., that all fe | Mark 7         |

SIGNATURE: SIGNATURE AND TYPED ON PRINTED HAME OF

9/20/16 (20) 227-250 Deyone Proces