2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # F9500004991  1. Entity Name ISR GLOBAL TELECOM, INC.					FILED May 01, 2001 08:00 AM Secretary of State				
Principal Place		Mailing Address 2600 LAKE LUCIER DR. 350	···						
MAITLAND 32751	FL US	MAITLAND 32751	FL US						
2. Principal Pi	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	9	City & State		<u></u>	4. FEI Number 65-0264921	, ,	<del></del>	oplied For	Ì
Zip	Country	Zip	Country		5. Certificate of Status Desired		.75 Add		-
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Re		Require nt	0	-
SCHMALTZ	L DONALD R		Name						1
618 BUTLE	R STREET		Street	Address (F	P.O. Box Number is Not Acceptable)				1
WINDERME								<u></u>	1
34786	US		City			FL	Zip Cod	e	1
9. This corpo	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)	FILE NOW!!!  After MAY 1, 200  Make Check Payable	1 Fee will be	0.00 \$550.00	10. Election Campaign Final	DATE	\$5.0	00 May Be	
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 11	┨
TITLE NAME STREET ADDRESS	D MAYER THOMAS 812 RENASSANCE POINT BLVD., #20	☐ Delete	TITLE NAME STREET ADDRESS	D MAYE 24350	R THOMAS N. WHISPERING RIDGE WAY, #48	X	Change	Addition	034 (11/00)
CITY-ST-ZIP	ALTAMONTE SPRINGS	FL 32714	CITY-ST-ZIP	SCOT	TSDALE	AZ 852	255	<b></b>	E03
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENFELD DAVID A 600 E GORE ST ORLANDO	☐ Delete .  FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6			Change	☐ Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWAL PETER B 2417 ALAQUA DR LONGWOOD	☐ Delete  FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC SCHMALTZ DONALD R 618 BUTLER STREET WINDERMERE	☐ Delete	TITLE NAME STREET ADDRESS	5			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINDERVIERE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		Ε	Change	☐ Addition	
TITLE NAME STREET ADDRESS City-ST-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			Change	Addition	
of the corp changed,	ertify that the information supplied with the on this report or supplemental report is to coration or the receiver or trustee empower on an attachment with an address, with the coration of the payid A. Rosenfeld	rue and accurate and that my rered to execute this report a	/ Signafilice Shail	hava tha e	ema lacal effect se if made under en	the that I am r	n officer	or director	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR