2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am DOCUMENT # F95000006339 Secretary of State TELEPHONE TRACKING SYSTEM, INC. 05-01-2001 90069 049 ***150.00 Principal Place of Business Mailing Address 7081 GRAND NATIONAL DR #100 7081 GRAND NATIONAL DR #100 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 38-2727868 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent. GAEENBLATT, DEAN Street Address (P.O. Box Number is Not Acceptable) 7081 GRAND NATIONAL DRIVE ORLANDO FL 32819 City 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. 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Change ☐ Addition CR2E034 (10/00 **PTCD** TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS **REMOVED PURSUANT TO 119.07, F.S. CITY-ST-ZIP CITY-ST-7IP VSDC ☐ Change ☐ Addition TITLE ☐ Delete TITLE MEGLER, MICHAEL V NAME ÷ NAME STREET ADDRESS 7081 GRAND NAT'L DR, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 like empowered.

CITY-ST-ZIP

SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

40-05 407-345-1550