FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

<table>
<tr><td>PROFIT CORPORATION ANNUAL REPORT 1997</td><td></td><td>FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS</td></tr>
</table>

DOCUMENT # **F96000002774 (5)**

1. Corporation Name
ECONOPHONE, INC.

|||||||||||||||||||||||||| (barcode)

Principal Place of Business	Mailing Address
1450 37TH STREET BROOKLYN NY 11218	1450 37TH STREET BROOKLYN NY 11218-3716

3. Date Incorporated or Qualified **05/31/1996**	**3a.** Date of Last Report	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
21	26	6455 East Johns Xing		11-3132722		Not Applicable
Suite, Apt. #, etc. 22	27	Suite, Apt. #, etc. Suite 285		5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required
City & State 23	28	City & State Duluth, GA 30155		6. Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29 30155	Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
AVILA, MANUEL LAWYER'S PLAZA, FIFTH FLOOR 2250 S.W. 3RD AVE MIAMI FL 33129	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PC** ☒ DELETE NAME WEST, ALFRED STREET ADDRESS 1450 37TH STREET CITY-ST-ZIP BROOKLYN NY 11218	1.1 TITLE **President/CEO** ☒ Change ☐ Addition 1.2 NAME **West, Alfred** 1.3 STREET ADDRESS **1450 37TH Street** 1.4 CITY-ST-ZIP **Brooklyn, NY 11218**
TITLE **CEO** ☒ DELETE NAME WEST, STEVEN STREET ADDRESS 1450 37TH STREET CITY-ST-ZIP BROOKLYN NY 11218	2.1 TITLE **COO/CFO** ☒ Change ☐ Addition 2.2 NAME **Alan L. Levy** 2.3 STREET ADDRESS **1450 37TH Street** 2.4 CITY-ST-ZIP **Brooklyn, NY 11218**
TITLE **CFOS** ☒ DELETE NAME BONDI, GARY STREET ADDRESS 1450 37TH STREET CITY-ST-ZIP BROOKLYN NY 11218	3.1 TITLE **Secretary** ☒ Change ☐ Addition 3.2 NAME **M. David Lacher** 3.3 STREET ADDRESS **1450 37TH Street** 3.4 CITY-ST-ZIP **Brooklyn, NY 11218**
TITLE **AS** ☒ DELETE NAME BANASH, MONTE STREET ADDRESS 1450 37TH STREET CITY-ST-ZIP BROOKLYN NY 11218	4.1 TITLE **Treasurer** X Change ☐ Addition 4.2 NAME **Gary S. Bondi** 4.3 STREET ADDRESS **1450 37TH Street** 4.4 CITY-ST-ZIP **Brooklyn, NY 11218**
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: