2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F96000004922 Jul 28, 2000 8:00 am 1. Entity Name **Secretary of State** TELSCAPE USA, INC. 07-28-2000 90002 040 ***550.00 Principal Place of Business Mailing Address \$700 POST OAK ROAD, SUITE 1000 2700 POST OAK ROAD, SUITE 1000 HOUSTON TX 77056 HOUSTON TX 77056 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 76-0499077 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURDOCH, RICHARD A ESQ. Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HWY., STE. 410 **BOCA RATON FL 33432** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 🛛 Delete TITLE PD TITLE Change ☐ Addition NAME CRIST, E. SCOTT NAME STREET ADDRESS 2700 POST OAK RD STE 1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **HOUSTON TX 77056** ☐ Addition ☐ Delete TITLE ☐ Change LANDA, MANUAL NAME STREET ADDRESS 2700 POST OAK RD STE 1000 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77056** CITY-ST-ZIP TİTLE M Delete TITLE Change ☐ Addition SKALA, DAVID M NAME STREET ADDRESS 2700 POST OAK RD STE 1000 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77056** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE CASTILLA, MARCO A NAME STREET ADDRESS STREET ADDRESS 2700 POST OAK BLVD STE 1000 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77056** ASSISTANT SECKETARY ☐ Defete TITLE ☐ Change ☐ Addition JOSSE MORRIS NAME NAME 2700 POST OAK BLUD., STE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77056 CITY-ST-ZIP Delete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

10/00 Cris) 968-0968