2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with an other like empowered.

SNATURE AND TYPED OR PRINT

SIGNATURE:

Mar 29, 2001 8:00 am DOCUMENT # F96000006726 Secretary of State 1. Entity Name DIGIPH PCS, INC. 03-29-2001 91014 033 ***150.00 Mailing Address Principal Place of Business 851 SOUTH BELT LINE HWY. 851 SOUTH BELT LINE HWY. SUITE 804 SUITE 804 MOBILE AL 36606 MOBILE AL 36606 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 63-1146454 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. President Prown ☐ Change Addition Vice ☐ Delete TITLE TITLE Darrel NAME JORDAN, ANNICE NAME STREET ADDRESS Hwd STREET ADDRESS 248 AUTUMN DRIVE CITY-ST-ZIP CITY-ST-7IP SARALAND AL 35671 ☐ Change Addition TITLE ☐ Delete Williams NAME BROWN, PAUL NAME STREET ADDRESS MILLRY TELEPHONE BLDG., HWY 17 N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILLRY AL 36558 Change ☐ Addition TITLE ☐ Delete NAME JORDAN, ANNICE NAME: STREET ADDRESS 248 AUTUMN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARALAND AL 36571 Change Addition Delete TITLE TITLE NAME KAISER, DENNIS NAME STREET ADDRESS STREET ADDRESS 8967 ESCAMBIA AVE CITY-ST-7(P CITY-ST-ZIP ELBERTA AL 36530 ☐ Change ☐ Addition TITLE resident ☐ Delete TITLE Williams NAME NAME Корри STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

ANNICE Jordan

FILED