2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 8:00 am Secretary of State DOCUMENT # F9800005737 Z-TEL TECHNOLOGIES, INC. 04-28-2000 90060 039 ***158.75 Principal Place of Business Mailing Address 601 SOUTH HARBOUR ISLAND STE 220 601 SOUTH HARBOUR ISLAND STE 220 874TAMPA FL 33602-5925 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-3501119 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) -1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Secretary & Treasurer PCD Change ☐ Delete TITLE TITLE Mark H. Johnson NAME SMITH, D.G. NAME 601 S. Harbour Island Blvd., #220 STREET ADDRESS 601 SOUTH HARBOUR ISLAND BLVD., STE 220 Tampa, FL 33602 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Director Addition ☐ Change TITLE TITLE Jeffrey A. Bowden NAME ALBA, RUSSELL T NAME 335 S. Grand Ave., 33rd Floor Los Angeles, CA 90071 STREET ADDRESS 601 SOUTH HARBOUR ISLAND BLVD., STE 220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Director Addition ☐ Delete Change TITLE TITLE Eduard Mayer NAME NAME 601 S. Harbour Island Blvd., #220 STREET ADDRESS STREET ADDRESS Tampa, FL 33602 CITY-ST-ZIP CITY-ST-ZIP Director ☐ Change Addition TITLE ☐ Delete TITLE Buford H. Ortale NAME NAME 110 Lynwood Terrace STREET ADDRESS STREET ADDRESS Nashville, TN 37205 CITY-ST-7IP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE Douglas C. Williamson NAME NAME 901 Main Street, 22nd Floor STREET ADDRESS STREET ADDRESS Dallas, TX 75202 CITY-ST-ZIP CITY-ST-ZIP Director ☐ Change Addition TITLE TITLE ☐ Delete Laurence S. Grafstein NAME NAME 712 Fifth Ave., 43rd Floor STREET ADDRESS STREET ADDRESS New York, NY 10019 CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 617, 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.

SIGNATURE:

Sark H. Johnson, Secretary & Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

(813) 233-4610

Daytime Phone #