2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am **DOCUMENT # G15012** Secretary of State 1. Entity Name 05-10-2001 90136 027 ***150.00 INTER-CARIBBEAN TELESHIP CORP. Principal Place of Business Mailing Address 1579 LOUIS KOSSUTH AVE 4435 OLD WINTER GARDEN ROAD REBUSE OF A. BOHEMIA NY 11716 ORLANDO FL 32802 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 59-2291533 Not Applicable Country Zip 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 XL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802 Zip Çode City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Added to Fees 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12 11: CR2E034 (10/00) TITLE ☐ Addition ☐ Delete TITLE NAME SERRAO, MARIO NAME STREET ADDRESS 1579 LOUIS KOSSUTH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOHEMIA NY ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MARTINEZ, ELIZABETH MAME STREET ADDRESS STREET ADDRESS 1579 LOUIS KOSSUTH AVE CITY-ST-ZIP CITY-ST-ZIP Bohemia ny ☐ Change ☐ Addition TITLE ☐ Delete TITLE SERRAO, JOAN NAME NAME STREET ADDRESS 1579 LOUIS KOSSUTH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOHEMIA NY** ☐ Delete Change ☐ Addition TITLE TITLE NAME SERRAO, STANLEY NAME STREET ADDRESS 1579 LOUIS KSOOUT AVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **BOHEMIA NY** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP

13. I hereby 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 eath; 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.

SIGNATURE: JOAN SERRAO - TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

200

<u> 2/16/01</u>

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Daytime Phone #