2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H05169 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name ADVANCED TELECOMMUNICATIONS SYSTEMS, INC. 04-21-2000 90030 012 ***158.75 Principal Place of Business Mailing Address 1131 N.E. 214TH ST. 1131 N.E. 214TH ST. MIAMI FL 33179-1317 MIAMI FL 33179-1317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2413994 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, VIRGINIA F Street Address (P.O. Box Number is Not Acceptable) 1131 N.E. 214TH STREET NO. MIAMI BEACH FL 33179 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE ☐ Delete TITLE HUGHES, LEONARD G NAME NAME STREET ADDRESS 1131 N.E. 214 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33179 ☐ Change ☐ Addition Delete TITLE TITLE HUGHES, VIRGINIA F NAME 1131 NE:214TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP **MIAMI FL 33179** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HUGHES, REBECCA NAME NAME 1131 N.E. 214 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL 33179 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete HUGHES, DARRYL E NAME STREET ADDRESS 1131 N.E. 214 STREET STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL 33179 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00/305/696.9655