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Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H37535** **(2)**

1. Corporation Name
GLOBAL TELEMEDIA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1121 ALDERMAN DR SUITE 200 ALPHARETTA GA 30202 US	1121 ALDERMAN DR SUITE 200 ALPHARETTA GA 30202-4102 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 04/22/1996
4. FEI Number: 64-0708107 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAYERSOHN, JOEL D
NEW RIVER CENTER, SUITE 1900
200 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: SPENCER FOX
82 Street Address (P.O. Box Number is Not Acceptable): KEITH MACK LLP
83: 20TH FLOOR 200 S BISCAYNE BOULEVARD
84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/4/97.
Signature of new registered agent required when applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCLAIN, RODERICK		1.2 NAME		
STREET ADDRESS	1121 ALDERMAN DRIVE, SUITE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HART, MELISSA		2.2 NAME		
STREET ADDRESS	500 NORTHRIDGE RD.,STE 780		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30350		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GEOFFREY MCCLAIN		3.2 NAME		
STREET ADDRESS	1121 ALDERMAN DRIVE, SUITE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		3.4 CITY-ST-ZIP		
TITLE	CFOD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERBERT S PERMAN		4.2 NAME		
STREET ADDRESS	1121 ALDERMAN DRIVE, SUITE 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Melissa Hart 6/3/97 7706767608