FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 20, 2001 8:00 am Secretary of State DOCUMENT # J20840 06-20-2001 90125 027 ***550 00 S.A.C. TELEMARKETING, INC. Principal Place of Business Mailing Address 444 SEABREEZE BLVD 444 SEABREEZE BLVD C0011953 STE #700 STE #700 DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 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 59-2893026 Not Applicable Zip Country Zin 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 DANIELS, DOUGLAS A. Street Address (P.O. Box Number is Not Acceptable) 406 N. WILD OLIVE AVE. DAYTONA BEACH FL 32118 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, 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **■** Delete PRESIDENT Dominick DATO Addition CR2E034 (10/00) TITLE TITLE Change BEOKMANN, JAMES & NAME NAME 176 NORTH 2200 WEST, # 1100 755 SANDY HILL CHICLE STREET ADDRESS STREET ADDRESS PØRT ORANGEÆL CITY-ST-7IP CITY-ST-ZIP SAUT LAKE CITY, UT ☐ Delete TITLE Change ☐ Addition TITLE SIMMS. LEE ANN NAME NAME 1299 FERNWAY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP ☐ Delete TITLE TITLE Change | ☐ Addition LONG, DIANE W. NAME NAME 444 SEABREEZE BLVD #700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane W Long