2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 161947 May 24, 2000 8:00 am Secretary of State 1. Entity Name 05-24-2000 90181 013 ***150.00 United Telephone Long Distance, Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 6500 Sprint Parkway same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MS: HL-5ASTX City & State 4. FEI Number City & State Applied For Overland Park, KS 59-2850488 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired__ 66251-57-7--USA-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Johns, Jerry M. 555 Lake Border Drive Apopka, FL 32703 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 NOWILI 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 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 TITLE Delete TITLE Change Jeff Wolf NAME **CR2E034** STREET ADDRESS STREET ADDRESS 555 Lake Border Drive CITY - ST - ZIP CITY - ST - ZIP <u> Apopka, FL 32703</u> Delete Addition AVP X Change NAME NAME Mark Beshears STREET ADDRESS STREET ADDRESS 6500 Sprint Parkway CITY - ST - ZIP CITY - ST - ZIP <u>Overland Park, KS 6625</u> TITLE Change Addition TITLE Delete NAME NAME Darrell Kelley STREET ADDRESS STREET ADDRESS 55 Lake Border Drive CITY - ST - ZIP CITY - ST - ZIP Apopka, TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete ----י פודות TITLE umanyit oyut yadi. 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 receives 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. 27/00 Mark Beshears SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 913 315-5820 SIGNATURE

Daytime Phone #