FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J88032 (4)

1. Corporation Name
TELECOMMUNICATIONS OF AMERICA, INC.

Principal Place of Business: [redacted]

Mailing Address: [redacted]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1987
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 445 Douglas Avenue
22 Suite, Apt. #, etc.
23 City & State: Altamonte Springs, FL 32714
24 Zip
25 Country: Seminole

2a. Mailing Address
26 445 Douglas Avenue
27 Suite, Apt. #, etc.
28 City & State: Altamonte Springs, FL 32714
29 Zip
30 Country: Seminole

4. FEI Number: 59-3184253 — 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
MARVIN E. ROOKS, ESQ.
[redacted]

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 500 Crown Oak Centre Drive
83 Longwood, FL 32750
84 City: FL
85 Zip Code: 32750

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, hand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[redacted]	11 TITLE	☒ Change ☐ Addition
NAME	[redacted]	12 NAME	
STREET ADDRESS	[redacted]	13 STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]	14 CITY-ST-ZIP	[redacted]
TITLE	[redacted] Pres.	21 TITLE	☒ Change ☐ Addition
NAME	R. DIEHL President	22 NAME	
STREET ADDRESS	[redacted] 445 Douglas #1005	23 STREET ADDRESS	445 Douglas Avenue
CITY-ST-ZIP	[redacted] Altamonte Sp. 32714	24 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	[redacted]	31 TITLE	☐ Change ☐ Addition
NAME	[redacted]	32 NAME	
STREET ADDRESS	[redacted]	33 STREET ADDRESS	[redacted]
CITY-ST-ZIP	[redacted]	34 CITY-ST-ZIP	[redacted] 32714
TITLE	B. Taylor General Manager	41 TITLE	☒ Change ☐ Addition
NAME	445 Douglas #1005	42 NAME	
STREET ADDRESS	Altamonte Springs, Fl 32714	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1
$0 Deposited by Bank
LW

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above, or on an attachment with an address.

SIGNATURE: 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038719 CP