FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # M9800001322 1. Entity Name 02-26-2002 90084 039 ****55.00 DIRECT-TEL USA, LLC Principal Place of Business Mailing Address 1701 W. HILLSBORO BOULEVARD 1701 W. HILLSBORO BOULEVARD J 2 4 5 1 2 **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0868484 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSSMAN, J.B. ESQ. C/O ADORNO & ZEDER 700 S. FEDERAL HIGHWAY, STE 200 **BOCA RATON FL 33432** Zip Code 33065 8. The above named entity submits this statement for the our pose of changing its registered office or registered agent, or both, in the State of Florida. gent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE **MGRM** Delete Change ☐ Addition NAME GETELMAN, CAREY NAME STREET ADDRESS STREET ADDRESS 1701 W. HILLSBORO BOULEVARD CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 MGRM ☐ Delete TITLE ☐ Addition Change Change NAME KAPLAN, RON NAME STREET ADDRESS STREET ADDRESS 1701 W. HILLSBORO BOULEVARD CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Delete TITLE ☐ Change - 🖃 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME • STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE