2001, UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State DÖCUMENT # P0000021037 DIAL GYVT COMMUNICATIONS, INC. 04-20-2001 90182 016 ***150 00 Principal Place of Business Mailing Address 6646 VILLA SONRISA #521 6646 VILLA SONRISA #521 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0985655 Not Applicable \$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 ,-101 NUDELMAN, GENNADY Street Address (P.O. Box Number is Not Acceptable) 6646 VILLA SONRISA #521 **BOCA RATON FL 33433** statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity supmits (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) Delete TITLE TITLE ☐ Addition NUDELMAN, GENNADY NAME STREET ADDRESS 6646 VILLA SONRISA #521 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Reepfield Beach CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Charige Addition 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 receiver or trustee on powered 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 adopters, with all other like empowered.

Daytime Phone #

PED OR PRINTED NAME OF SIGNING O