SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000055379 SEA STAR LINE AGENCY (U.S.V.I.), INC. 5-02-2001 90181 025 ***158.75 Principal Place of Business Mailing Address 100 BELITEL WAY 100 BELITEL WAY SUITE 300 SUITE 300 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business BELITEL Should be BELLTEL 3. Mailing Address BELITEL should be BELLTEL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBINSON, WESLEY M ESQ. Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DRIVE SUITE 504 **MIAMI FL 33131** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE SHEA, MICHAEL D NAME BELITEL should be BELLTEL NAME 100 BELITEL WAY SUITE 300 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition LEETCH, ROBERT J BELITEL should be BELLTEL 100 BELITEL WAY SUITE 300 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 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.

Rosser J Leered