## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000056153 1. Entity Name GLOBAL TELECOM DOMAINS, INC. 04-26-2001 90106 030 \*\*\*158.75 Mailing Address Principal Place of Business 2637 FIDDLESTICK CIRCLE 2637 FIDDLESTICK CIRCLE **LUTZ FL 33549** LUTZ FL 33549 CU052224 3. Mailing Address 2. Principal Place of Business 135 Beaconstield Road 135 Beaconstield Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-1020727 Not Applicable rookline Country USH \$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 Rohland ROHLAND, GARY S Street Address (P.O. Box Number is Not Acceptable) 2637 FIDDLESTICK CIRCLE **LUTZ FL 33549** 2637 Fiddlestick Circle 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. 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **X** Addition President Delete TITLE TITI F AUA Berinstein 135 Beaconsfield Road ROHLAND, GARY S NAME NAME 2637 FIDDLESTICK CIRCLE STREET ADDRESS STREET ADDRESS Brookline MA 029 Director of Marketing 02455 CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Delete TITLE Gary Rohland NAME NAME 2637 Fiddlestick Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - Change - - - Addition -TITLE - 🖸 Delete 😁 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 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 oth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: