2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 16, 2001 08:00 AM P00000086058 DOCUMENT# 1. Entity Name **Secretary of State** TULSA TELCOM MEMBER, INC. Principal Place of Business Mailing Address 2200 WEST COMMERCIAL BLVD., STE, 201-A 2200 WEST COMMERCIAL BLVD., STE. 201-A FT. LAUDERDALE FT. LAUDERDALE 33309 33309 2. Principal Place of Business 3. Mailing Address 3107 STIRLING ROAD 3107 STIRLING ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 104 SUITE 104 City & State City & State 4. FEI Number Applied For FT. LAUDERDALE FL FT. LAUDERDALE 65-1040747 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33312 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIED MARK FRIED 2200 WEST COMMERCIAL BLVD., STE. 201-A Street Address (P.O. Box Number is Not Acceptable) 3107 STIRLING ROAD FT. LAUDERDALE SUITE 104 33309 City Zip Code FT. LAUDERDALE 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 04/16/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MAME FRIED MARK NAME FRIED MARK 2200 WEST COMMERCIAL BLVD., STE. 201-A STREET ADDRESS STREET ADDRESS 3107 STIRLING ROAD CITY-ST-ZIP FT. LAUDERDALE 33309 CITY-ST-ZIP FT. LAUDERDALE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 other like empowered. SIGNATURE: __MARK FRIED PRES 04/16/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR