FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # P00000094094 1. Entity Name 05-22-2001 90052 014 ***150.00 GLOBALTEL, INC. Principal Place of Business Mailing Address 1900 Palm Bay Road, NE 1900 Palm Bay Road, NE Suite IA Suite IA 770488 Palm Bay, FL 32905 Palm Bay, FL 32905 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 59-3680692 Not Applicable Zip Country Zìp Country \$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 G. Philip J. Zies Street Address (P.O. Box Number is Not Acceptable) 15 Silver Palm Ave. -Melbourne, FL 32901 City 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 NOWILL FEE IS \$150.00 9. 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 Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE D Delete TITLE ☐ Chance ☐ Addition NAME NAME G. Philip J. Zies STREET ADDRESS STREET ADDRESS 15 Silver Palm CITY-ST-ZIP CITY-ST-ZIP Melborne, FL TITLE ☐ Delete XX Addition ☐ Change David E. Shein NAME NAME 1649 W. Eau Gallie Blvd., #204 STREET ADDRESS STREET ADDRESS Melbourne, FL 32935 CITY-ST-7IP CITY-ST-77P TITLE Delete ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-71P IIILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS TITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: 34-44-9782 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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