## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 28, 2002 8:00 am Secretary of State

DOCUMENT # P000 80 1 80 58 2  1. Entity Name				05-28-2002 91739 026 ***150.00	
GLO	BAL DIALTONE,	INC.	<b>\</b>		
	DO NOT WRITE	IN THIS S	PACE		
1167 5	Place of Business E CAMBRIDGE DR.		CAMBRIDGE DE	<del>-</del> }	
Suite, Apt	., #, &tC.	Suite, Apt. #, etc.	·	DO NOT WRITE IN THIS	S SPACE
PORT S	T. LUCIE, FL	<del> </del>	LUCIE, FL	4. FEI Number 65 1050577	Applied For Not Applicable
Zip 34	952 SA	34952	USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
11-12- 0 300	of a transfer were to wanter with the			7. Name and Address of Current Register	ed Agent
	DO NOT W	DITE:	Name VIC	TOR GRAHAM	
			Street Address	(BO Box Number is Not Acceptable)	DR
024 9-60000	· IN THIS SP	ACE -	. 19 et en 3		
#3,N:			City POR	T ST LUCIE FI	L Zip Code
8. The above	e named entity submits this statement for	the purpose of changing its		red agent, or both, in the State of Florida.	_ 341,22
					ļ
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE	
A This sore		january 1 - k			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May Amende	May 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25		\$5.00 May Be Added to Fees
Tax filing	requirement and elects to do so.	After May Amende Make Check Payat	1, Fee is \$550.00	Trust Fund Contribution.	
Tax filing (See crite  11.  TITLE  NAME	requirement and elects to do so.  ria on back)  OFFICERS AND D  PRESIDENT A HAM	After May Amende Make Check Payal DIRECTORS	1, Fee is \$550.00 d UBR is \$61.25 sie to Department of Sta	Trust Fund Contribution.	
Tax filing (See crite	requirement and elects to do so. ria on back)  OFFICERS AND D  PRESCIPENT	After May Amende Make Check Payat DIRECTORS	1, Fee is \$550.00 d UBR is \$61.25 die to Department of Sta	Trust Fund Contribution.	
Tax filing (See crite  11.  IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE	PRESIDENT VICTOR GRAHBLIDGE PORT ST. LUCIE, FL	After May Amende Make Check Payat DIRECTORS  DR 34952	1, Fee is \$550.00 d UBR is \$61.25 die to Department of Sta IIILE NAME STREET ADDRESS CHY-ST-ZIP	Trust Fund Contribution.	
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13. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/2001

(561) 398-3378

32E034B (12/01