2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

Feb 24, 2002 8:00 am P01000057744 DOCUMENT # **Secretary of State** 1. Entity Name 02-24-2002 90093 031 ***150 00 NETWORK TELECOMMUNICATIONS, INC. Principal Place of Business Mailing Address 9501 FOUNTAINBLEAU BLVD. 9501 FOUNTAINBLEAU BLVD. B#3 APT 607 B#3 APT 607 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address 1444 W. FLAGLER ST 1444 W. FLAGLER ST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FLORIBA ORIDA 65-1114000 クフィグタリ ノフノタンフィ Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, ZEIDA I Street Address (P.O. Box Number is Not Acceptable) 9501 FOUNTAINBLEAU BLVD. B#3 APT 607 MIAM! FL 33172 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) DATE FILE NOW!!! 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE TITLE ☐ Addition ☐ Delete NAME RODRIGUEZ, ZEIDA I NAME 9501 FOUNTAINBLEAU BLVD. B#3 APT 607 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE-☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition 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 other like empowered.

ZEIDA I. ROMIGUEZ 2/8/02

MÉ OF SIGNING OFFICER OR DIRECTOR