2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PE

TED NAME OF SIGNING OFFICER OR DIRECTO

FILED Jan 19, 2001 8:00 am **DOCUMENT # P05873** Secretary of State 1. Entity Name USA TELECOM, INC. 01-19-2001 90014 047 ***158.75 Principal Place of Business Mailing Address 3201 GRIFFIN RD. 3201 GRIFFIN RD. UU44U4 STF 210 STF 210 DANIA FL 33312 DANIA FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2521916 Not Applicable Zip Country Zip Country \$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 GARDNER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3201 GRIFFIN RD. STE 210 **DANIA FL 33312** 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE CD ☐ Delete TITLE ☐ Change Addition NAME GARDNER, ROBERT NAME STREET ADDRESS STREET ADDRESS 3201 GRIFFIN RD., #210 CITY-ST-ZIP CITY-ST-ZIP DANIA FL ☐ Change ☐ Addition DPS ☐ Delete TITLE TITLE NAME RAYMOND, DAVID NAME STREET ADDRESS STREET ADDRESS 3201 GRIFFIN RD. CITY-ST-ZIP CITY-ST-ZIP DANIA FL TIT! E TITLE ☐ Change ☐ Addition GARDNER, MARILYN NAME NAME STREET ADDRESS STREET ADDRESS 3201 GRIFFIN RD. CITY-ST-ZIP CITY-ST-ZIP DANIA FL ☐ Delete TITLE Change ☐ Addition TITLE NAME 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 ☐ Addition ☐ Delete TITLE ☐ Change 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 try give 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.

Raymond

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