2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 15, 2000 8:00 am Secretary of State **DOCUMENT # P16322** 1. Entity Name ELCOTEL DIRECT, INC. 09-15-2000 90018 032 ***550.00 Principal Place of Business Mailing Address 6428 PARKLAND DR 6428 PARKLAND DR SARASOTA FL 34243 SARASOTA FL 34243 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 65-003 1024 Not Applicable Zip 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. PD TITLE Delete TITLE Change Michael J. Boyle 6428 PARKLAND Dr NAME GRAY, TRACEY L NAME STREET ADDRESS STREET ADDRESS 6428 PARKLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA, F1_ 34243 SARASOTA FL 34243 🛛 Delete ☐ Change TITLE CD TITLE DAVID F. HEMMINGS NAME James, C. Shelton NAME 6428 PARKLAND Or. STREET ADDRESS 6428 PARKLAND DRIVE STREET ADDRESS SARASOTA, FI 34243 CiTY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 .VSTD Addition TITLE - ----Delete -TITLE. ☐ Change -DANIEL S. FrAGEN NAME THOMPSON, WILLIAM H NAME 6428 PARKLAND Dr. STREET ADDRESS 6428 PARKLAND DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SARASOTA, FI. 34243 SARASOTA FL 34243 TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TALLE

NAME

STREET ADDRESS

CITY-ST-7/P

SIGNATURE DE EQUILITÀRE H. Thompson

☐ Delete

9/14/00

941-758-0389

Change

☐ Addition

Daytime Phone #