FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # P93000022676 1. Entity Name URSUS TELECOM CORPORATION 02-07-2002 90025 029 ***158.75 Principal Place of Business Mailing Address 440 SAWGRASS CORP. PKWY, SUITE 112 440 SAWGRASS CORP. PKWY. SUITE 112 SUNRISE FL 33325 SUNRISE FL 33325 US 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 65-0398306 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIUSSANI, LUCA ---Street Address (P.O. Box Number is Not Acceptable) 440 SAWGRASS CORPORATE PKWY, #112 SHINRISE FL 33325 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, 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 CEOD TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME GUISSANI, LUCA NAME 440 SAWGRASS CORP. PARKWAY #112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33325 CITY-ST-ZIP TITLE **CMOD** Delete TITLE ☐ Change ☐ Addition NAME PINO, JUAN J NAME 440 SAWGRASS CORP. PARKWAY #112 STREET ADDRESS STREET ADDRESS SUNRISE FL 33325 CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Delete TITLE Change ☐ Addition CANNISTANO, VINCENT NAME NAMÉ STREET ADDRESS 440 SAWGRASS CORP. PARKWAY #112 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33325 CD ☐ Change TITLE M Delete TITLE ☐ Addition **NEWPORT, WILLIAM** NAME STREET ADDRESS 440 SAWGRASS CORP. PARKWAY #112 STREET ADDRESS SUNRISE FL 33325 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 TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP In this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supp indicated on this report or supplement

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

h all other like empowered

of the corporation or the receiver or the changed, or on an attachment with a