FILE NOW; FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037385 (0)

1. Corporation Name

Long Distance Interchange Inc.

Principal Place of Business	Mailing Address
888 South Andrews Ave. Ste 205 Ft. Lauderdale, FL 33432	Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/25/93

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0423006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
United Corporate Services, Inc. 801 Northeast 167th St. Ste 300 North Miami Beach, FL 33162	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	D	☐ Change ☒ Addition
NAME	Glassman, David		12 NAME	Mestel, Larry	
STREET ADDRESS	3024 NE 49 Street		13 STREET ADDRESS	1365 York Ave. Apt 38-C	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308		14 CITY-ST-ZIP	New York, NY 10021	
TITLE	SD	☐ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	Friedland, Clifford		22 NAME	Krohg, Olaf	
STREET ADDRESS	2545 Bay Road		23 STREET ADDRESS	123 Salem Road	
CITY-ST-ZIP	Miami Beach, FL 33140		24 CITY-ST-ZIP	Topsfield, MA 01983	
TITLE	T	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	Felos, Marilyn		32 NAME	Nespola, Richard	
STREET ADDRESS	1046 Cedar Falls Dr.		33 STREET ADDRESS	11613 Tomahawk Creek Parkway Suite B	
CITY-ST-ZIP	Weston, FL 33327		34 CITY-ST-ZIP	Leawood, KS 66211	
TITLE		☐ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME			42 NAME	Brooks, Barry	
STREET ADDRESS			43 STREET ADDRESS	433 East 56th St. Apt 8-C	
CITY-ST-ZIP			44 CITY-ST-ZIP	New York, NY 10022	
TITLE		☐ DELETE	51 TITLE	900002475589	☐ Change ☐ Addition
NAME			52 NAME	-04/01/98--01079--012	
STREET ADDRESS			53 STREET ADDRESS	***150.00	
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	PE 3-3	
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Glassman, President 3/27/98 (954) 522-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #