2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 04, 2003 8:00 am Secretary of State P93000038738 DOCUMENT # 04-04-2003 90085 022 ***150.00 1. Entity Name LONG DISTANCE COMMUNICATIONS, INC. Principal Place of Business Mailing Address 100 BAYVIEW DRIVE 2221 NE 164TH ST #2205 PMB 344 SUNNY ISLES BEACH FL 33160 N MIAMI BEACH FL 33160 US 2. Principal Place of Business 3. Mailing Address 20281 E. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 2014 City & State City & State Applied For 4. FEI Number .65-0423558 Aventura Not Applicable Country 7in 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 PROCTOR, SCOTT Street Address (P.O. Box Number is Not Acceptable) 100 BAYVIEW DRIVE #2205 SUNNY ISLES BEACH FL 33160 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. I am familiar with, and accept the obligations of registered agent. 03-31-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition TITLE PROCTOR, SCOTT NAME 20281 E. Country Cas Do. 100 BAYVIEW DRIVE #2205 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP T(T) F Change ☐ Delete TITLE Addition SHER, CHARLES NAME E. Country CLUB DR. STREET ADDRESS 100 BAYVIEW DR #2205 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

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12. 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 expecte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to expect this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

changed, or on an attachment with an address,

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