FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualificated on this armual report or supplemental annual report is true any officer or director of the corporation or the receiver or truster of prowered Block 12 or Block 13 if changed, open an attachment with any iddress.

FILED Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000016520 (6) WORLDWIDE TELECOM GROUP, INC. Principal Place of Business Mailing Address 5871 N. UNIVERSITY OR 5871 N. UNIVERSITY DR DO NOT WRITE IN THIS SPACE TAMARAC FL 33321 TAMARAC FL 33321 3. Date Incorporated or Qualified 02/28/1994 28. Mailing Address. University Dr. 4. FEI Number Applied For 65-0475974 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred \$5.00 May Be 6. Election Campaign Financing Tomarec Trust Fund Contribution Added to Fees Country J A This corporation owes or has paid the current year Intangible □ No Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SIMON, ED 5871 N. UNIVERSITY DR SUITE 400 82 TAMARAC FL 33321 83 84 TAMAGAC 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am fail and accept the adjustions of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE tion submits this statement for the purpose of changing its registered s board of directors. Thereby accept the appointment as registered 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE ☐ Change ☐ Addition SIMON, ED 1.2 NAME 5891 NO UNIVERSITY DR #400 STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE 2.1 T(T) F NAME 2.2 NAME Tamarac, FL 33321 STREET ADDRESS 2.3 STREET ADDRESS CITY-SY-ZIP 2 4 CITY-ST-ZIP DELFTE Addition TITLE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TOLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition THILE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREE1 ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ___ Addition

6.2 NAME

6 3 STREET ADORESS

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curale and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in