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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 2000 8:0(
Secretary of Stat
05-11-2000 90006 024 ***150.0(

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90463 016 ***150.00

DOCUMENT # P95000012047

1. Corporation Name
TELSIM, INC.

[redacted]

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD. SUITE 2100 TAMPA FL 33602	101 E. KENNEDY BLVD. SUITE 2100 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1995

2. Principal Place of Business
21: 10012 N. DALE MABRY HWY
22 Suite, Apt. #, etc.: # 219
23 City & State: TAMPA
24 Zip: 33618 25 Country: USA

2a. Mailing Address
26: 10012 N. DALE MABRY Hwy
27 Suite, Apt. #, etc.: # 219
28 City & State: TAMPA
29 Zip: 33618 30 Country: U

4. FEI Number: 59 3294946 — 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOWD, HENRY R
101 E. KENNEDY BLVD.
SUITE 2100
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: HENRY R DOWD
82 Street Address (P.O. Box Number is Not Acceptable): 19709 US HWY 41
83
84 City: LUTZ FL 85 Zip Code: 33549

11. Pursuant to the provisions of Sections 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OP BISSETT, WILLIAM P JR 1904 CAPE BEND AVE. TAMPA FL 33613	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRERIKS, TIMOTHY A 101 E. KENNEDY BLVD., SUITE 2100 TAMPA FL 33602	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Add FRERIKS, TIMOTHY A 10012 N. DALE MABRY HWY #219 TAMPA FL 33618
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTSHORNE, ROBERT H 3914 KENSINGTON AVE. TAMPA FL 33629	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGRATH, WILLIAM E 101 E. KENNEDY BLVD. #2100 TAMPA FL 33602	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / ZIP	☐ Change ☐ Add

14. I hereby certify that the information indicated on this annual report is true. 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, added or deleted.

SIGNATURE: TIMOTHY A FRERIKS 3/10/99 813 900 1660

9/20/01