## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 09, 2002 8:00 am § Secretary of State DOCUMENT # P95000034082 1. Entity Name 05-09-2002 90039 032 \*\*\*150.00 WORLD WIDE TELECARD INC. Principal Place of Business Mailing Address 1975 E SUNRISE BLVD 1975 E SUNRISE BLVD STE 822 STE 822 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE # /!3 City & State City & State 4. FEI Number Applied For anpa 65-0586806 Not Applicable \$8.75 Additional 33 607 5. Certificate of Status Desired USA 3602 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORTERFIELD, ROBERT E JR 115 E. Whiting St. #113 5 Tampa FL 33602 Street Address (P.O. Box Number is Not Acceptable) 1712 N.E. 17TH WAY FT: LAUDERDALE FL 33305 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) NAME PORTERFIELD, ROBERT E NAME 1712 NE 17TH WAY 115 E WAITING ST #13 STREET ADDRESS STREET ADDRESS 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 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME I STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME ! STREET ADDRESS STREET ADDRESS

13. 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE OR DIRECT

ROBERT E. HORTERFIELD JR 4-23-02 (
ER OR DIRECTOR

(8/3) 222-00)