

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

**APPROVED  
AND  
FILED**

**97 MAY 30 AM 11:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

|                                                                  |                                                                                   |                                                                                                                                |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT #** P95000038470  
1. Corporation Name

**INTERNET TELEPHONE COMPANY**

Principal Place of Business      Mailing Address  
**902 Clint Moore Road**      **same as indicated**  
**Suite 104**  
**Boca Raton, Florida 33487**

3. Date incorporated or Qualified      3a. Date of Last Report  
**05/15/95**      **06/20/96**

|                                |                     |                                                                                         |                                                                           |
|--------------------------------|---------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number                                                                           | Applied For                                                               |
| <b>21</b>                      | <b>26</b>           | <b>65-0577407</b>                                                                       | <input type="checkbox"/> Not Applicable                                   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired                                                        | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| <b>22</b>                      | <b>27</b>           | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |
| City & State                   | City & State        | 8. This corporation has liability for changeable tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |
| <b>23</b>                      | <b>28</b>           |                                                                                         |                                                                           |
| Zip                            | Zip                 |                                                                                         |                                                                           |
| <b>24</b>                      | <b>25</b>           | <b>29</b>                                                                               | <b>30</b>                                                                 |

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**Corporation Service Company**  
**1201 Hays Street**  
**Tallahassee, Florida 32301-2525**

|                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| 81. Name                                              | <b>B &amp; C Corporate Services, Inc.</b>    |
| 82. Street Address, P.O. Box Number is Not Acceptable | <b>201 S. Biscayne Boulevard, Suite 3000</b> |
| 83. Suite                                             | <b>3000</b>                                  |
| 84. City                                              | <b>Miami</b>                                 |
| 85. Zip Code                                          | <b>FL 33131</b>                              |

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 *Anna Salgado* **Anna Salgado, Vice President** **5/29/97**  
Signature of person named in Section 607.0505, Florida Statutes, or the officer or director of the corporation authorized to execute this statement.

|                                   |                                              |                                                              |                                                                              |
|-----------------------------------|----------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>12. OFFICERS AND DIRECTORS</b> |                                              | <b>13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12</b> |                                                                              |
| TITLE <b>C</b>                    | <b>Cohen, Stephen R.</b>                     | 11. TITLE                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                              | <b>1 North Breakers Row, Surf Bldg. #361</b> | 12. NAME                                                     | <b>800002198668-4</b>                                                        |
| STREET ADDRESS                    | <b>Palm Beach, FL 33480</b>                  | 13. STREET ADDRESS                                           | <b>-06/02/97--01177--002</b>                                                 |
| CITY-STATE-ZIP                    |                                              | 14. CITY-STATE-ZIP                                           | <b>****558.75 ****558.75</b>                                                 |
| TITLE <b>P</b>                    | <b>Kennedy, Robert</b>                       | 21. TITLE                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                              | <b>501 S. Ocean Blvd., Unit 101</b>          | 22. NAME                                                     |                                                                              |
| STREET ADDRESS                    | <b>Boca Raton, FL 33432</b>                  | 23. STREET ADDRESS                                           |                                                                              |
| CITY-STATE-ZIP                    |                                              | 24. CITY-STATE-ZIP                                           |                                                                              |
| TITLE <b>STV</b>                  | <b>Kaufman, Harvey</b>                       | 31. TITLE                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                              | <b>2000 S. Ocean Blvd., Apt. 17-C</b>        | 32. NAME                                                     |                                                                              |
| STREET ADDRESS                    | <b>Boca Raton, FL 33432</b>                  | 33. STREET ADDRESS                                           |                                                                              |
| CITY-STATE-ZIP                    |                                              | 34. CITY-STATE-ZIP                                           |                                                                              |
| TITLE <b>V</b>                    | <b>Mattaway, Shane</b>                       | 41. TITLE                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                              | <b>826 Periwinkle Street</b>                 | 42. NAME                                                     |                                                                              |
| STREET ADDRESS                    | <b>Boca Raton, FL 33486</b>                  | 43. STREET ADDRESS                                           |                                                                              |
| CITY-STATE-ZIP                    |                                              | 44. CITY-STATE-ZIP                                           |                                                                              |
| TITLE <b>D</b>                    | <b>Mattaway, L. Richard</b>                  | 51. TITLE                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                              | <b>751 Davis Road</b>                        | 52. NAME                                                     |                                                                              |
| STREET ADDRESS                    | <b>Coral Gables, FL 33143</b>                | 53. STREET ADDRESS                                           |                                                                              |
| CITY-STATE-ZIP                    |                                              | 54. CITY-STATE-ZIP                                           |                                                                              |
| TITLE <b>D</b>                    | <b>Robinson, A. Jeffry</b>                   | 61. TITLE                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                              | <b>201 S. Biscayne Blvd, Suite 3000</b>      | 62. NAME                                                     | <b>C Helman, Brian</b>                                                       |
| STREET ADDRESS                    | <b>Miami, FL 33131</b>                       | 63. STREET ADDRESS                                           | <b>902 Clint Moore Road, Suite 104</b>                                       |
| CITY-STATE-ZIP                    |                                              | 64. CITY-STATE-ZIP                                           | <b>Boca Raton FL 33487</b>                                                   |

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), Florida Statutes. I further certify that the information included 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. 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 in an attachment with an address.

SIGNATURE: *Brian Helman* **Brian Helman** **May 29, 1997** **(561) 997-4001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)