. PILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of state 1996 DIVISION OF CORPORATIONS P95000038729 (6) DOCUMENT # 1. Corporation Name CONCOURSE TELECOMMUNICATIONS, INC. Principal Place of Business Mailing Address 16120 US HWY 19 N 16120 US HWY 19 N SUITE 211 SUITE 211 **CLEARWATER FL 34624** CLEARWATER FL 34624 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3314230 5770 ROSEVELT DLYD 26 S770 ROOSEVELT Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 5vite su ste 500 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 CLEAKVATER \Box FL 34120 28 Trust Fund Contribution CLEARWATER Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 34620 # 05 A 24 25 29 051 Florida Statutes ☐ Yes ZNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RCOMOND, JOHN C. Street Address (P.O. Box Number is Not Acceptable) REDMOND, JOHN C 16120 US HWY 19 N 5770 ROOSEVELT BLYD 83 SUITE-211-CLEARWATER FL 34824 84 Zip Code CLEARWATER 34620 11. Pursuant to the pro 1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office things was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am 35., Florida Statutes. or registered agent. ste of Florida familiar with, and ag JOH - C. RCOMORD, PRES (NOTE: Registred Agent is greature required when reinstating) DATE 4-24-96 ne of registered agent and the if applicable (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. REDAGNO TITLE DELETE 1.1 TULE Change Addition secretary NAME 1.2 NAME **CR2E034** ookline STREET ADDRESS 1.3 STREET AUDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ☐ Change 2.1 THLE ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS DITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5 1 TITLE 900001839899 NAME 5.2 NAME -05/25/96--01003--017 STREET ADDRESS 5.3 STREET ADDRESS ***200.00 CITY-ST-ZIP 5 4 City-St-ZiP TITLE DELETE Change 6 1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CITY - ST - ZIP 14. Loo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k). Florida Statutes. I further certify that the information indicated on this natural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the organization or the receiver or this compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, you and attachment of the compower of the compower

JOHN C. REPMOND PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)524-3900

Date

SIGNATURE: X