FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000065706 (0)**

1. Corporation Name
TELEAMERICA SOUTH, INC.

Principal Place of Business
391 ROBERTS ROAD, SUITE 4
OLDSMAR FL 34677

Mailing Address
391 ROBERTS ROAD, SUITE 4
OLDSMAR FL 34677

3. Date Incorporated or Qualified: **08/24/1995**
3a. Date of Last Report: N/A

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3333639 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**
GASSMAN, ALAN S ESQ.
1245 COURT STREET, SUITE 102
CLEARWATER FL 34616

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Title: Registered Agent's Title if Corporation is Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, HENRY
STREET ADDRESS	391 ROBERTS ROAD, SUITE 4
CITY-ST-ZIP	OLDSMAR FL 34677
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P ☑ Change ☐ Addition
1.2 NAME	Rodriguez, Henry
1.3 STREET ADDRESS	391 Roberts Rd., Suite 4
1.4 CITY-ST-ZIP	Oldsmar, FL 34677
2.1 TITLE	V ☐ Change ☒ Addition
2.2 NAME	Kohlschreiber, Ed
2.3 STREET ADDRESS	391 Roberts Rd., Suite 4
2.4 CITY-ST-ZIP	Oldsmar, FL 34677
3.1 TITLE	T ☐ Change ☒ Addition
3.2 NAME	Carosella, Frank
3.3 STREET ADDRESS	391 Roberts Rd., Suite 4
3.4 CITY-ST-ZIP	Oldsmar, FL 34677
4.1 TITLE	S ☐ Change ☒ Addition
4.2 NAME	Connors, Sean
4.3 STREET ADDRESS	391 Roberts Rd., Suite 4
4.4 CITY-ST-ZIP	Oldsmar, FL 34677
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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; that 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 on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/26/96 — Daytime Phone #: 813 855-7511

CR2E034 (12/95)