2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2001 08:00 AM P95000097279 DOCUMENT# 1. Entity Name **Secretary of State** QUALITY COMMUNICATIONS OF AMERICA, INC. Principal Place of Business Mailing Address 5730 BOWDEN RD. 5730 BOWDEN RD. STE 303 STE 303 JACKSONVILLE FL JACKSONVILLE FL32216 32216 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3353990 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DARLENE KATTERHENRY 5730 BOWDEN RD. STE. 306 Street Address (P.O. Box Number is Not Acceptable) 5730 BOWDEN RD. STE. 303 JACKSONVILLE FL32216 US City Zip Code JACKSONVILLE 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. 04/20/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition KATTERHENRY MAME PATRICIA NAME 5730 BOWDEN RD, STE, 306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE. FL 32216 CITY-ST-ZIP ☐ Delete D TITLE X Change NAME FORET DARLENE NAME KATTERHENRY PATTY STREET ADDRESS 5730 BOWDEN RD. STE. 306 STREET ADDRESS 5730 BOWDEN RD. STE. 303 CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP JACKSONVILLE FL32216 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

PRES

04/20/2001

Daytime Phone #

Date

SIGNATURE: _ PATTY F, KATTERHENRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR