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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P96000008733 (3) **DOCUMENT #** VALUE TELECOM, INC. Principal Place of Business Mailing Address 2301 W SAMPLE RD 2301 W SAMPLE RD POMPANO BCH FL 33073 POMPANO BCH FL 33073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 65-0651333 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name SOLOMON, MARK 2301 W SAMPLE RD #3-6A 82 Street Address (P.O. Box Number is Not Acceptable) **STE 211** POMPANO BCH FL 33073 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Stalutes, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DETETE TITLE 1.1 TITLE Change Addition SOLOMON, MARK NAME 12 NAME 2301 W SAMPLE RD, #3-6A STREET ADDRESS 1.3 STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 21 TITLE Addition SILICATO, F P NAME 2.2 NAME 2301 W SAMPLE RD., #3-6A STREET ADDRESS 2.3 STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE. TITLE Change Addition 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELFTE TITLE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

14. Thereby 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 annual 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 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 open all achingent with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIE

S. Haul Whicator

WP

2/17/98

984-984-0411

FILED

Feb 24 1998 8:00am

Secretary of State

R2E034 (10/97)