2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

P96000029259

1. Entity Name

CTI TELECOMMUNICATIONS GROUP, INC.

3696 NORTH FEDERAL HIGHWAY SUITE 303 FORT LAUDERDALE FL 33308		Mailing Address 3696 NORTH FEDERAL HIGHWAY SUITE 303 FORT LAUDERDALE FL 33308				
2. Principal Place of Business		3. Mailing Address			18410 11801 B1140 1041 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0654808	FEI Number 65-0654808 Applied For Not Applicable	
Zip	Country	Zip Country			Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
UPCHURC	CH, ROBERT	The second of th	Name			
POINT OF	AMERICA	Street Address (P.O		s (P.O. Box Number is Not Acceptable)	100	
2100 S OCEAN LN UNIT 1801						
FORT LAUDERDALE FL 33316			City	FL	Zip Code	
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11	
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FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90099 035 ***158.75

CITY-ST-ZIP CITY-ST-ZIP 12. 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 of applemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

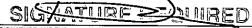
TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS



Delete

☐ Change

Addition