FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P96000047334 1. Enily Name THE GREEK TELEPHONE DIRECTORY, INC. 4-02-2001 90303 020 ***150.00 Principal Place of Business Mailing Address 4289 N.W. 63RD PLACE P.O. BOX 559 BOCA RATON FL 33496 LAFAYEET HILL PA 19444 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 65-0681779 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINBERG, MICHAEL Street Address (P.O. Box Number is Not Acceptable) **5028 MONTEREY LANE DELRAY BEACH FL 33484** Zip Code FL 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. 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 9. ..This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD Addition TITLE ☐ Delete TITLE STEINBERG, MICHAEL NAME NAME STREET ADDRESS 4289 N.W. 63RD PLACE STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP **BOCA RATON FL 33496** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C'Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF Stelher Tollin 3/20/01