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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -1 PM 1:09

DOCUMENT # P96000068902.

1. Corporation Name

FUNNY PHONE, INC.

Principal Place of Business | Mailing Address

REINSTATEMENT 97-95
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08-19-96

	Principal Place of Business	Mailing Address
2	21 7585 DADELAND BLVD	26 11021 SW 88 STREET
Suite, Apt. #, etc.	22 # 7575	27 L 217
City & State	23 MIAMI FL.	28 MIAMI, FL
Zip / Country	24 33156 25 MIAMI-DADE	29 33176 30 MIAMI DADE

4. FEI Number: 65-0688015 — ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GHAGPAN RIFAI
9521 FOUNTAINE BLEAU BLVD #314.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: AHMAD KHALDOUN REFAEI
82 Street Address (P.O. Box Number is Not Acceptable): 11021 SW. 88TH STREET #L217
83
84 City: MIAMI FL 85 Zip Code: 33176

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: K Ahk — 09/28/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	GHAGPAN RIFAI #314	1.2 NAME	AHMAD KHALDOUN REFAEI
STREET ADDRESS	9521 FOUNTAINEBLEUBLVD	1.3 STREET ADDRESS	11021 SW 88TH ST. # L217
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 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, with all other like empowered.

SIGNATURE: K Ahk — 09/26/99 — 305. 431 4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #