

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082845

1. Entity Name

TOUCH TONE TECHNOLOGIES, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90012 036 \*\*\*150.00

Principal Place of Business

1900 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33431-7260

Mailing Address

1900 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33431-7333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0698442

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

FROST, DEAN  
1900 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, ALAN R	
STREET ADDRESS	6415 N W 30TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, SEAN	
STREET ADDRESS	800 S OCEAN BLVD #202	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	AMICK, J. KENNETH	
STREET ADDRESS	975 NW 49TH WAY	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	FROST, DEAN	
STREET ADDRESS	6840 TOWN HARBOR BLVD #3424	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRUSZ, APRIL	
STREET ADDRESS	1201 NW 13TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	KARMEIN, MICHAEL A	
STREET ADDRESS	108 CORAL KAY DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

TITLE	VICE PRESIDENT-NETWORKS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSZ, DAN	
STREET ADDRESS	1201 NW 13TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP/CHIEF TECHNOLOGY OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

DEAN FROST

1-10-2000 561 226 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)