2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P96000100168** Mar 27, 2000 8:00 am **Secretary of State** MERIDIAN TELECOMMUNICATIONS, INC. 03-27-2000 90089 047 ***158.75 Principal Place of Business Mailing Address 1744 GOLFVIEW DRIVE 201 W.CYPRESS 91. KISSIMMEE FL 94740 34741 P.O. BOX 423247 KISSIMME FL 34742-3247 2. Principal Place of Business 201 W. CLIDRESS St. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3417035 KISSIMMEE Not Applicable 34741 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROTHERS, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 1744 GOLFVIEW DRIVE KISSIMMEE FL 34748 Kissimmer 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. Registered Agent signature required when reinstating) 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, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE Delete BROTHERS, RICHARD M NAME NAME 201.W. Cypress St Kissimmer FL 1744 GOLFVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34748 CITY-ST-ZIP ■ Addition Delete ☐ Change TITLE TITLE ANDREWS, RAYMOND A NAME STREET ADDRESS STREET ADDRESS 894 HOLLY SANDS BLVD CITY-ST-ZIP CITY-ST-ZIP LITTLE RIVER SC 29566 Delete ☐ Addition TITLE TITLE BROTHERS, LORI A NAME NAME 201 W CYPRESS St. KISSIMMEE FL 34141 STREET ADDRESS 1744 GOLFVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34748 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZJP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

3-23-00

Daytime Phone #