2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 20, 2000 8:00 am DOCUMENT # **P97000037534** Secretary of State 1. Entity Name OTSIE TELEPHONY, INC. 06-20-2000 90010 043 ***558.75 Mailing Address Principal Place of Business 1147 CROSS CREEK CIRCLE 1147 CROSS CREEK CIRCLE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-1829 2. Principal Place of Business BUILF HILL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number .59:3480570 ---16 WOOD, FL 32779 onf mood Not Applicable Country Seminole \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent YATRICE MARQUEZ, PATRICE May 45 % 15. Street Address (P.O. Box Number is Not Acce 1147 CROSS CREEK CIRCLE **ALTAMONTE SPRINGS FL 32714** 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. After MAY 1, 2000 Fee Will be \$550.00 —Tax filling requirement and elects to do so. → Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE PTSD ☐ Delete TITLE **Change** ☐ Addition PATRICE MARQUEL NAME MARQUEZ, PATRICE NAME 106 BRUIRE HILL KD. STREET ADDRESS STREET ADDRESS 1147 CROSS CREEK CIRCLE LONGWOOD, FL 32 CITY-ST-ZIP CITY-ST-7IP **ALTAMONTE SPRINGS FL 32714** ☐ Addition TITLE Delete PATRILE MARQUEZ 106 BAWRE HIN RD. MARQUEZ, PATRICE NAME NAME. STREET ADDRESS STREET ADDRESS 1147 CROSS CREEK CIRCLE CITY-ST-ZIP CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF THE SIGNATURE AND TYPED OR THE SIG