2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 AUG -8 AM 10: 44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000095040

1. Entity Name
Worldcom Digital Dominicana, Inc.

Principal Place of Business | Mailing Address

2. Principal Place of Business
10920 Biscayne Blvd.
Suite, Apt. #, etc.
City & State
North Miami, FL
Zip 33161-7460 Country U.S.A.

3. Mailing Address
10920 Biscayne Blvd.
Suite, Apt. #, etc.
City & State
North Miami, FL
Zip 33161-7460 Country U.S.A.

DO NOT WRITE IN THIS SPACE
07/18/00 90089 022 550.00

4. FEI Number 65-1021966 ☐ Applied For ☐ Not Applicable

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
Name Kenneth R. Duboff
Street Address (P.O. Box Number is Not Acceptable) 10920 Biscayne Blvd.
City North Miami FL Zip Code 33161-7460

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] Kenneth R. Duboff 7/7/00
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
D Jeffery D. Chandler 319 Clematis Street, Suite 10000 West Palm Beach, FL 33401	☒ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition

CR2E034 (9/99)

KE

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: [signature] Jeffery D. Chandler 7/7/00 (561)493-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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