04/25/2000 11:47 305-892-0822

JOEL BERNSTEIN 5/4/(

FILED
Jun 09, 2000 8:00 am
Secretary of State

05-04-2000 90119 020 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029326

1. Entity Name

PINNACLE TELCOM HOLDINGS CORP.

Principal Place of Business | Mailing Address

59-3603341

[redacted]

2. Principal Place of Business	3. Mailing Address
3754 CENTRAL AVE.	3754 CENTRAL AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33711 Country:	Zip: 33711 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: ~~59-3603341~~ — 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
BERNSTEIN, JOEL 11900 BISCAYNE BLVD. SUITE 604 MIAMI, FL 33181	Name: ROBIN J. AMBROSE Street Address (P.O. Box Number is Not Acceptable): 3754 CENTRAL AV. City: ST. PETE FL Zip Code: 33711

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] ROBIN J. AMBROSE — 4-26-00

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) ☐

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P/V/D NAME: AMBROSE, ROBIN J. STREET ADDRESS: 3754 CENTRAL AVE. CITY-ST-ZIP: ST. PETERSBURG, FL 33711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: S/T/D NAME: JONES, DOROTHEA F. STREET ADDRESS: 3754 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 33711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] ROBIN AMBROSE — 4-26-00 — 727 327-3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #