

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

06-23-2002 90503 011 \*\*\*550.00

DOCUMENT # P99000043905

1. Entity Name

INTERNATIONAL DIALING SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6001 Park of Commerce Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2 South Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2680

City & State

Boca Raton, Florida

City & State

Miami, Florida

Zip

33487

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0922126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark J. Bryn, Esq.

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

One Biscayne Tower, Suite 2680

2 South Biscayne Boulevard

City

Miami

FL

Zip Code  
33131

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

D,P,T,S  
Lawrence S. Levinson  
6001 Park of Commerce Blvd.  
Boca Raton, Florida 33487

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lawrence S. Levinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence S. Levinson

Date

6/17/02

(561) 237-4001

Daytime Phone #

CR2E034E (12/01)