2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT# P99000096566 1. Entity Name 04-17-2001 90164 007 ***150.00 GLOBAL CONNECT SERVICES, INC. Principal Place of Business Mailing Address A0051194 757 SE 17th Street 757 SE 17th Street Suite 392 Suite 395 Ft. Lauderdale, FL 33316 Ft. Lauderdale, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For Not Applicable 65-0957240 Zip Country Zip Country -\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lewis, Katherine Street Address (P.O. Box Number is Not Acceptable) 757 SE 17th Street, Ste. 392 Ft. Lauderdale. FL 33316 Zip Code City 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 (NOTE: 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. PUD CR2E034 (11/00) TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Ste 392 CITY-ST-ZIP CITY-ST-ZIP 316 ND ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME Martin, Diec STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ... ☐ Addition COlrin, GrANT NAME NAME 757 17th Street, Ste 392 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4 L. 3 3316 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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

SIGNATURE: 9

AGRATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

4-4-01 95

FILED

954-583-5420

Daytime Phone #