FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 CORPORATION FLORIDA DEPARTMENT OF STATE ANNUAL REPORT Sandra B. Morlham 1996 Secretary of State DIVISION OF CORPORATIONS **DOCUMENT #** (8)Corporation Name TELEDIGM COMMUNICATIONS, INC. Principal Place of Business Mailing Address 5301 W CYPRESS ST 5301 W CYPRESS ST STE 314 TAMPA FL 33607 STE 314 TAMPA FL 33607 3. Date Incorporated or Qualified 2. Principal Place of Business 3a. Date of Last Report 05/26/1992 21 2a. Mailing Address 05/01/1995 FEI Number 26 Suite, Apt. #, etc. 59-3135035 Applied For 22 Suite, Apt. #, etc. 27 Not Applicable City & State 5. Certificate of Status Desired \$8.75 Additional 23 City & State 6. Election Campaign Financing Fee Required 28 $Z_{\rm IP}$ Country Trust Fund Contribution \$5.00 May Be 24 25 Country 8. This corporation has liability for intangible tax under s 199.032 Added to Fees 9. Name and Address of Current Registered Agent 29 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent HOLCOMB, VICTOR W. 81 Name 315 S HYDE PARK AVE Street Address (P.O. Box Number is Not Acceptable) 82 TAMPA FL 33606 83 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. 12 (NOTE: Rogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME FURLONG, DANIEL R. DELETE 1. 1 TITLE CR2E034 (12/95) STREET ADDRESS 5301 W CYPRESS ST #314 1.2 NAME ☐ Change ☐ Addition CHIY-SI-ZIP TAMPA FL 1.3 STREET ADDRESS TITLE 1.4 CITY-ST-ZIP DELETE 2.1 TITLE STREET ADDRESS 22 NAME Change ☐ Addition CHY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE NAME 3 1 TITLE STREET ADDRESS 32 NAME ☐ Change ■ Addition CITY-ST-ZIP 3.3. STREET ADDRESS TITLE 34 CITY-ST-ZIP NAME DELETE 4. 1 TITLE STREET ADDRESS 4.2 NAME ☐ Change ☐ Addition CITY - S1 - ZIP 4.3 STREET ADDRESS TITLE 4.4 CITY - ST- ZIP DELETE NAME 5. 1 TITLE STREET ADDRESS 5.2 NAME ☐ Change Addition CITY-SI-ZIP 5.3 STREET ADDRESS TITLE 5.4 CITY-ST-ZIP DELETE **IAM**F 6. 1 TITLE TREET ADDRESS 6.2 NAME Change ☐ Addition TY-S1-ZIP 6.3 STREET ADDRESS 4. I do hereby certify that the infor-certify that the information indice oath; that I am an officer or differ coath; that I am an officer or differ nation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further led on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under a changed, or on an attachment with an address. appears in Block 12 or Block IGNATURE:

813)287-0028