


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

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 044 ***150.00

DOCUMENT # <u>FD5000002876</u>	
1. Entity Name Ztar Mobile, Inc.	

DO NOT WRITE IN THIS SPACE

60037430

2. Principal Place of Business 951 N. Walnut Creek Drive		3. Mailing Address 951 N. Walnut Creek Drive	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C	
City & State Mansfield, TX		City & State Mansfield, TX	
Zip 76063	Country	Zip 76063	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1051942		<input type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name Telecom Compliance Services, Inc.		
	Street Address (P.O. Box Number is Not Acceptable) 515 East Park Ave		
	City Tallahassee	FL	Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Kevin Haddad 951 N. Walnut Creek Drive, Suite C Mansfield, TX 76063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Garrett S. Hopper* **5-3-06**

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

CR2034B (12/02)