

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90822 019 ***150.00



DOCUMENT # F93000004556
1. Entity Name
COIN OPERATED PHONES, INC.

Principal Place of Business
**619 KIRKWOOD TERR. NORTH
APT 1
ST. PETERSBURG FL 33701
US**

Mailing Address
**619 KIRKWOOD TERR. NORTH
APT 1
ST. PETERSBURG FL 33701
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **35-1718255** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EATON, DAVID A P.A.
7301 NINTH STREET NORTH
ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	KNOWLES, MILES V	
STREET ADDRESS	15121 FEIGNER RD.	
CITY-ST-ZIP	ROANOKE IN 46783	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNOWLES, MILES V.PETER	
STREET ADDRESS	15121 FEIGNER RD.	
CITY-ST-ZIP	ROANOKE IN 46783	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRISWELL, RONALD G	
STREET ADDRESS	2315 CHARLOTTE AVENUE	
CITY-ST-ZIP	FT. WAYNE IN 47805	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CRISWELL, CYNTHIA L	
STREET ADDRESS	2315 CHARLOTTE AVENUE	
CITY-ST-ZIP	FT. WAYNE IN 47805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MILES V. KNOWLES* **1/8/03** **727 822 4816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MILES V. KNOWLES

CR2E034 (10/02)