

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90075 016 ***150.00

DOCUMENT # F95000006339

1. Entity Name

TELEPHONE TRACKING SYSTEM, INC.

Principal Place of Business 7081 GRAND NATIONAL DR #100 ORLANDO FL 32819	Mailing Address 7081 GRAND NATIONAL DR #100 ORLANDO FL 32819-8374
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2727868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

***REMOVED PURSUANT TO 119.07, F.S.
 * FL

Name GREENBLATT DEAN
Street Address (P.O. Box Number is Not Acceptable) 7081 GRAND NATIONAL DRIVE #100
City ORLANDO FL Zip Code 32819

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 ALREADY CHANGED ON 1/3/00 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTCD <input type="checkbox"/> Delete	***REMOVED PURSUANT TO 119.07, F.S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VSDC <input type="checkbox"/> Delete	MEGLER, MICHAEL V 7081 GRAND NAT'L DR, SUITE 100 ORLANDO FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

SIGNATURE: [Signature] DATE: 3-23-00 DAYTIME PHONE #: 407-345-5590
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)