

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

0849487 AT

DOCUMENT # F98000006332

1. Entity Name
TELCOM ENTERPRISES OF INDIANA, INC.



03-17-2003 91098 003 ***150.00

Principal Place of Business
**8646 CASTLE PARK DR
INDIANAPOLIS IN 46256**

Mailing Address
**8646 CASTLE PARK DR
INDIANAPOLIS IN 46256**

70029998



Please Change - we moved

2. Principal Place of Business
10040 E. 10th Street

3. Mailing Address
10040 E. 10th St.

Suite, Apt. #, etc.
Indpls. IN.

Suite, Apt. #, etc.
Indpls. IN.

City & State
46229

City & State
46229

4. FEI Number **63-1173908**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip
USA

Zip
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **P** Delete
NAME **MASTRIANNA, RALPH J**
STREET ADDRESS **8646 CASTLE PARK DR**
CITY-ST-ZIP **INDIANAPOLIS IN 46256**

TITLE **President** Change Addition
NAME **Ralph J. Mastrianna**
STREET ADDRESS **10040 E. 10th St.**
CITY-ST-ZIP **Indpls. IN. 46229**

TITLE **VP** Delete
NAME **MASTRIANNA, DEBRA L**
STREET ADDRESS **8646 CASTLE PARK DR**
CITY-ST-ZIP **INDIANAPOLIS IN 46256**

TITLE **Vice President** Change Addition
NAME **Debra L. Mastrianna**
STREET ADDRESS **10040 E. 10th St.**
CITY-ST-ZIP **Indpls. IN. 46229**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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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 or 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: X *Ralph J. Mastrianna*

NOTARIAL SIGNATURE REQUIRED

2-28-03

(317-890 2887)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)