


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

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90187 041 ***150.00

DOCUMENT # P01000000359
1. Entity Name
VOZZCOM, INC.



DO NOT WRITE IN THIS SPACE

90135857

2. Principal Place of Business
10100 W. SAMPLE ROAD
Suite, Apt. #, etc.
403

3. Mailing Address
10100 W. SAMPLE ROAD
Suite, Apt. #, etc.
403

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
65-1069712

Applied For
 Not Applicable

Zip
33065

Country
USA

Zip
33065

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DOREEN VOZZOLA

Street Address (P.O. Box Number is Not Acceptable)

10100 W. SAMPLE ROAD SUITE 403

City
CORAL SPRINGS, FL Zip Code
33065

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 *Doreen Vozzola* DATE **5/12/03**

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when constituting)

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOREEN VOZZOLA 10100 W. SAMPLE ROAD SUITE 403 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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: *Doreen Vozzola* DATE **5/12/03** 954-753-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

90135857

Attachment
P01000000359

VOZZCOM, INC.
10100 W. SAMPLE ROAD SUITE 403
CORAL SPRNGS, FL 33065
Tel # 954-753-8600

May 8, 2003

Uniform Business Report Filing
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: UBR/P01000000359/VOZZCOM.INC.

To Whom It May Concern:

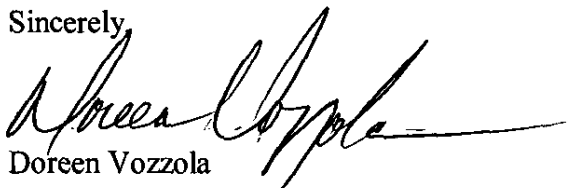
This is to request acceptance of the enclosed Uniform Business Report (UBR) filing. As of today we have not received the UBR form in the mail (see change of address).

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,


Doreen Vozzola