

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

DOCUMENT # P02000028958

1. Entity Name
THE TRANSTEL COMPANY



20028189

Principal Place of Business
 8341 SW 157 AVE #302
 MIAMI, FL 33193

Mailing Address
 8341 SW 157 AVE #302
 MIAMI, FL 33193

2. Principal Place of Business

3. Mailing Address

1151 SW 12 TERR
 Suite, Apt. #, etc.
 BOCA RATON FL



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
02-0587190

Applied For
 Not Applicable

Zip

Country

Zip

Country

33486

FL

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

LYNN, WILLIAM
 8341 SW 157 AVE #302
 MIAMI, FL 33193

Name William Lynn III
 Street Address (P.O. Box Number is Not Acceptable)

1151 SW 12 TERRACE
 City BOCA RATON FL Zip Code 33486

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 missing)

DATE

4/1/03

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LYNN, JAMES	8341 SW 157 AVE #302	MIAMI, FL 33193	<input type="checkbox"/>
D	LYNN, ROBERT C	8341 SW 157 AVE #302	MIAMI, FL 33193	<input type="checkbox"/>
D	LYNN, WILLIAM	8341 SW 157 AVE #302	MIAMI, FL 33193	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	LYNN JAMES	1151 SW 12 TERRACE	BOCA RATON FL 33486	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	LYNN ROBERT C	1151 SW 12 TERRACE	BOCA RATON FL 33486	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	LYNN WILLIAM	1151 SW 12 TERRACE	BOCA RATON FL 33486	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 807, 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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filed #

4/1/03

CR2E004 (10/02)