

**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
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
1151 SW 12 TERR
 Suite, Apt. #, etc.
BOCA RATON FL
 City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0587190** Applied For Not Applicable

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

Zip Country Zip Country
33486 FL Palm Beach

6. Name and Address of Current Registered Agent
LYNN, WILLIAM
 8341 SW 157 AVE #302
 MIAMI, FL 33193

7. Name and Address of New Registered Agent
 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]* DATE *4/1/03*

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LYNN JAMES</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1151 SW 12 TERRACE</i> <i>BOCA RATON FL 33486</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LYNN ROBERT C</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1151 SW 12 TERRACE</i> <i>BOCA RATON FL 33486</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LYNN WILLIAM</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1151 SW 12 TERRACE</i> <i>BOCA RATON FL 33486</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE *4/1/03* Original Filed #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (10/02)