


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90410 033 \*\*\*150.00

DOCUMENT # P05000159484			
1. Entity Name ENTERCOMM, INC.			
Principal Place of Business 4584 HIATUS RD SUNRISE, FL 33351		Mailing Address 4584 HIATUS RD SUNRISE, FL 33351	
2. Principal Place of Business - No P.O. Box # 5219 HIATUS RD Suite, Apt. #, etc.		3. Mailing Address 5219 HIATUS RD Suite, Apt. #, etc.	
City & State SUNRISE FL		City & State SUNRISE FL	
4. FEI Number 20-4031948		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04242008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent EYZAGUIRRE, JAIME 4584 HIATUS RD SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name EYZAGUIRRE, JAIME Street Address (P.O. Box Number is Not Acceptable) 5219 hiatus rd. City SUNRISE FL Zip Code 33351	
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: <u>Jaime Eyzaguirre</u> DATE: <u>4-24-08</u> <small>Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LORENZO, DIEGO 4584 HIATUS RD SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORENZO, DIEGO 5219 HIATUS RD SUNRISE FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EYZAGUIRRE, JAIME 4584 HIATUS RD SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EYZAGUIRRE, JAIME 5219 HIATUS RD SUNRISE FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jaime Eyzaguirre - S</u>		Date: <u>4-24-08</u> Daytime Phone #: <u>9546347000</u>	