

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90009 032 ***150.00

DOCUMENT # F93000004189

1. Entity Name:
AS TELECOMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3030 N CENTRAL AVE.
 STE 702
 PHOENIX AZ 85012
 US**

Mailing Address
**3030 N CENTRAL AVE.
 STE 702
 PHOENIX AZ 85012
 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
223 E. DE LA GUERRA ST.

City & State
SANTA BARBARA CA

City & State
SANTA BARBARA CA

Zip
93101

Country
USA

4. FEI Number **86-0687725**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDGEComb, CHRISTOPHER	
STREET ADDRESS	223 E. DE LA GUERRA	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASEY, MARY	
STREET ADDRESS	223 E. DE LA GUERRA	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, KATHLEEN	
STREET ADDRESS	223 E. DE LA GUERRA	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Mayer 4/6/01 805-899-1962
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)