

DOCUMENT # 612606
1. Entity Name
MICROCELL COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business Mailing Address
263 WOODLAKE LANE, DEERFIELD BEACH FL 33442 **263 WOODLAKE LANE, DEERFIELD BEACH FL 33442**

2. Principal Place of Business 3. Mailing Address
LAUDERDALE BY THE SEA **1700 S. OCEAN BLVD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
PH-A **PH-A**
City & State City & State
LAUDERDALE BY THE SEA, FL **LAUDERDALE BY THE SEA, FL**
Zip Country Zip Country
33062 **US** **33062** **US**

6. Name and Address of Current Registered Agent
BLAKSLEY, HAROLD E.
263 WOODLAKE LANE
DEERFIELD BEACH FL 33442

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90094 007 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1918653** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **HAROLD E. BLAKSLEY**
Street Address (P.O. Box Number is Not Acceptable)
1700 S. OCEAN BLVD PH-A
City **LAUDERDALE BY THE SEA** **FL** Zip Code **33062**

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 **Harold E. Blaksley** **12/31/2000**
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. (See criteria on back) ☐
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|--|
| TITLE | PDST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STODDARD, KELLY S | NAME | |
| STREET ADDRESS | 825 PEACHTREE BATTLE AVE NW | STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA 30327 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | HAROLD E. BLAKSLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAKSLEY, HAROLD E | NAME | 1700 S. OCEAN BLVD PH-A |
| STREET ADDRESS | 263 WOODLAKE LN | STREET ADDRESS | LAUDERDALE BY THE SEA, FL. 33062 |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: **Harold E. Blaksley** **12/31/2000** **954-942-7956**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)