DOCUMENT # A32023							0012055
i. Entity Name					e P		
TELECO COMMUNICATIO	NS, LIU.					FILED	
Principal Place of Business		Mailing Address			01	JAN 29 AM 11:53	
24 HARRISON AVENUE PANAMA CITY FL 32401		24 HARRISON AVENUE PANAMA CITY FL 32401			SEC	RETARY OF STATE AHASSEE, FLORIDA	
•					TAL	AHASSEE, PLORIDA 	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State		City & State				4. FEI Number Applied For S9-3115975 Not Applied be]
Zip Country		Zip Cour		try		5. Certificate of Status Desired \$8.75 Additional Fee Required	1
6. Name and A	ddress of Current Reg	stered Agent				7. Name and Address of New Registered Agent	1
FAIRCLOTH, RODNEY				Name			.
24 HARRISON AVENUE				Street	Address (I	P.O. Box Number is Not Acceptable)	.
PANAMA CITY FL 32401				City		Zip Code	-
8 The above named entity subm	nite this statement for the	a number of changing ite	enictors		or register	ed agent, or both, in the State of Florida.	4
	ma ma statement for the	purpose of changing its i	egistere		or registere	ed agent, or both, in the state or Fibrida.	
SIGNATURE Signature, typed or printed	d name of registered agent and ti	tle if applicable. (NOTE:	Registered	d Agent sig	nature required	when reinstating) DATE	
9. Capital Contributions as Shown on record. \$990.00 In FLORIDA to date				outions		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	i
A GENE NOTE: Gen	RAL PARTNER THA eral Partners MAY N	T IS A BUSINESS ENT IOT be changed on th	TITY M e form	UST BI ; an an	E REGIST nendmen	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	
2. GENERAL PARTNER INFORMATION			13.		1	ADDRESS CHANGES ONLY	1
NAME TELECO SERVICE	TELECO SERVICES, INC. 24 HARRISON AVENUE PANAMA CITY FL ORESS			ET ADDRES	s		003 (11/00)
0)54 07 70				ST-ZIP		8000038545483	CR2E003
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NAME STREET ADDRESS			1	T ADDRESS	` -		
CITY-ST-ZIP -			UIY-	ST-ZIP			
NAME STREET ADDRESS			STREE	T ADDRESS			
CITY-ST-ZIP		-	<u> </u>	ST-ZIP			
In ereby certify that the inform indicated on this report is true the receiver or trustee empower	lation supplied with this and accurate and that ered to execute this reg	tiling does not qualify for t my signature shall have th or an indirect by Chapte	e exen course 1 520, F	nption st legal eff lorida St	ated in Sec fect as if ma atutes	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	
,	NE (20 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0				حے	, ,	
SIGNATURE: <u>TEX</u>	NATURE AND TYPED OR PRINT	TED NAME OF SIGNING GENERAL	PARTNER	LOTH	PRE	45. //17/01	