

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000000281 - AMENDMENT

1. Entity Name

TVC TELECOM INCORPORATED



FILED

03 OCT 31 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

300024962373
11/24/03--01027--002 **\$61.25

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2. Principal Place of Business

3550 BISCAYNE BOULEVARD

Suite, Apt. #, etc.

SUITE 706

City & State

MIAMI, FLORIDA

3. Mailing Address

3550 BISCAYNE BOULEVARD

Suite, Apt. #, etc.

SUITE 706

City & State

MIAMI, FL

4. FEI Number

95-4561156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CLINTON-SNYDER

Street Address (P.O. Box Number is Not Acceptable)

3550 BISCAYNE BOULEVARD, SUITE 706

City MIAMI

FL

Zip Code
33137

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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
P/C
Rollins, Harley L.
3550 Biscayne Blvd., #706, Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Snyder, Clinton H.
3550 Biscayne Blvd., #706, Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Guzman, Joseph A.
3550 Biscayne Blvd., #706, Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Sturm, Rodney W.
3550 Biscayne Blvd., #706, Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
Sitton, Phillip G.
3550 Biscayne Blvd., #706, Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harley L. Rollins

Harley L. Rollins, President

10/27/03

305-572-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)