2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am secretary of State DOCUMENT # F0000000394 1. Entity Name 05-17-2001 91299 027 ***150.00 CYBERTEL, COMMUNICATIONS CORP. Principal Place of Business Mailing Address 1027 SOUTH RAINBOW BLVD., #145 1027 SOUTH RAINBOW BLVD., #145 655823 LAS VEGAS NV 89128 LAS VEGAS NV 89128 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 86-0862532 Not Applicable Country Zip Zip Country **\$8.75**-Additional — 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATIONAL REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State VOLVANIONED TO OFFICEDO AND DIRECTORS IN 1

I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

11.	OFFICERS AND DIRECTURS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI	
TITLE NAME	CP Delete MANGIARELLI, RICHARD	TITLE NAME	CFO Change X Addition	
STREET ADDRESS CITY-ST-ZIP	1027 S. RAINBOW BLVD., #145 LAS VEGAS NV 89128	STREET ADDRESS CITY-ST-ZIP	4320 LaJolla Village Dr., Suite 205 San Diego, CA 92122	
TITLE	STD Delete	TITLE NAME	COO Change X Addition Kevin Johnson	
STREET ADDRESS CITY-ST-ZIP	4275 EXECUTIVE SQUARE, #510 LA JOLLA CA 92037	STREET ADDRESS CITY-ST-ZIP	4320 LaJolla Village Dr., Suite 205 San Diego, CA 92122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete JORDAN, JOHN 4275 EXECUTIVE SQUARE, #510 LA JOLLA CA 92037	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

6455 East Johns Crossing, Suite 285 Duluth, GA 30097 Phone (678) 775-2244, fax (678) 775-2254

INSTRUCTIONS FOR FILING THE STATE OF FLORIDA CORPORATION UNIFORM BUSINESS REPORT

- 1) An officer of the Corporation must sign the report.
- 2) Please return the report and a check for \$150.00 to the:

Division of Corporations Registration Section PO Box 1500 Tallahassee, FL 32302-1500

NOTE: Make check payable to the Florida Department of State.

The attached report is due by: 5/1/2001

The attached report was completed and reviewed by: Jane Rowell, Compliance

Analyst

If you have any questions regarding the attached report, please contact me directly.