

2001 UNIFORM BUSINESS REPORT (UBR)

8/8/01-90006-027

FILED
Sep 19, 2001 8:00 am
Secretary of State

08-08-2001 90006 027 ***550.00

DOCUMENT # F00000000994

1. Entity Name

Telemanagement Services, Inc.
d.b.a Telenet Services, Inc.



Principal Place of Business

Mailing Address

31255 Cedar Valley Dr., Suite 224
Westlake Village, CA 91362

6455 East Johns Crossi
Suite 285
Duluth, GA 30097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

88-0375539

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

National Corporate Research, Ltd.
1406 Hays Street, Suite 2
Tallahassee, FL 32301

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 reappointing)

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 PD
NAME Deborah L. Ward
STREET ADDRESS 31255 Cedar Valley Dr., Ste 224
CITY-ST-ZIP Westlake Village, CA 91362

☐ Delete

☐ Change

☐ Addition

TITLE STD
NAME C. Douglas Dickson
STREET ADDRESS 31255 Cedar Valley Dr., Ste. 224
CITY-ST-ZIP Westlake Village, CA 91362

☒ Delete

☐ Change

☐ Addition

TITLE EV
NAME Mark Fleming
STREET ADDRESS 31255 Cedar Valley Dr., Ste 224
CITY-ST-ZIP Westlake Village, CA 91362

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01 (818) 865-4300

Date

Daytime Phone

CR2E04 (11/00)