
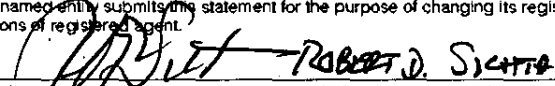



FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90338 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | | | |
|---|--|-----|--|---|--|
| DOCUMENT # F00000003851 | | | |  | |
| 1. Entity Name SPECTRUM TELECOMMUNICATIONS CORP. | | | | | |
| Principal Place of Business 2601 S BAYSHORE DR 9TH FLOOR MIAMI, FL 33133 | | | Mailing Address 2601 S BAYSHORE DR 9TH FLOOR MIAMI, FL 33133 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0811309 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SILVA, JOEL L 2665 S. BAYSHORE DR., STE 1006 MIAMI, FL 33133 | | | 7. Name and Address of New Registered Agent Name ROBERT D. SICHTA Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr., 9th Floor City MIAMI FL 33133 | | |
| 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  ROBERT D. SICHTA DATE 3-25-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDINA, MANUEL 2601 S. BAYSHORE DR 9TH FL MIAMI, FL 33133 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOODKIND, BRIAN K 2601 S. BAYSHORE DR 9TH FL MIAMI, FL 33133 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GONZALEZ, JOSE E 2601 S. BAYSHORE DR 9TH FL MIAMI, FL 33133 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SICHTA, ROBERT D 2601 S. BAYSHORE DR 9TH FL MIAMI, FL 33133 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  ROBERT D. SICHTA, ASST. SECRETARY DATE 3-25-03 DAYTIME PHONE # 305-886-3200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

CR2E034 (10/02)