2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State DOCUMENT # F00000004663 1. Entity Name 05-02-2007 90104 040 ***150.00 CELLULAR SOUTH REAL ESTATE, INC. Principal Place of Business Mailing Address 125 CONGRESS STREET, SUITE 1000 125 CONGRESS STREET, SUITE 1000 JACKSON, MS 39201 JACKSON, MS 39201 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 64-0929475 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, H. EDWARD JR. Street Address (P.O. Box Number is Not Acceptable) 220 W. GARDEN STREET SUNTRUST TOWER, 9TH FLOOR PENSACOLA, FL 32501 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. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Ρ TITLE ☐ Delete TITLE VP □ Change Addition Benjamin Pace NAME MEENA, HU NAME 125 s. Congress St. Ste 1000 125 SOUTH CONGRESS STREET SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSON, MS 39201 CITY-ST-7IP Jackson, MS Delete TITLE TITLE ☐ Change ☐ Addition HAYES, SUZY NAME NAME STREET ADDRESS 125 SOUTH CONGRESS STREET SUITE 1400 STREET ADDRESS CITY-ST-ZIP JACKSON, MS 39201 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 125 SOUTH CONGRESS STREET SUITE 1400 STREET ADDRESS CITY-ST-ZIP JACKSON, MS 39201 CITY-ST-ZIP TITLE TITLE **VSTD** ☐ Defete ☐ Change ☐ Addition CREEKMORE, JAMES H SR. NAME NAME 125 SOUTH CONGRESS STREET, SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSON, MS 39201 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CREEKMORE, JAMES H JR.

JACKSON, MS 39201

STEGALL, SHERRY

JACKSON, MS 39201

125 SOUTH CONGRESS STREET, SUITE 1100

125 S CONGRESS STREET SUITE 1000

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

601-974-7264 Daytime Phone #

☐ Change

☐ Change

☐ Addition

Addition

FILED