2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

Mar 17, 2003 8:00 am Secretary of State F00000005672 DOCUMENT # 1. Entity Name 03-17-2003 91064 047 ***150.00 ARTEL COMMUNICATIONS SYSTEMS, INC. Principal Place of Business Mailing Address 1601 FENDLEY MILL RD. 1601 FENDLEY MILL RD. LA GRANGE KY 40031 LA GRANGE KY 40031 2. Principal Place of Business 3. Mailing Address 4505 MAHINALY COURT 4505 NAHING Suite, Apt. #, etc. <u>Suite</u> K ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Buckner 61-1129597 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 40010 Oldham Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANKIN, LAWRENCE M 2033 MAIN ST., STE 400 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE COMBS. ANGELENA T ☐ Addition NAME NAME 1601 FENDLEY MILL RD STREET ADDRESS 1501 Fendley Mill Rd. STREET ADDRESS LA GRANGE KY CITY-ST-ZIP CITY-ST-ZIP LAGRANGE, Ky 40031 TITLE ☐ Delete TITLE Change Addition COMBS, COLONEL D NAME NAME 1601 FENDLEY MILL RD STREET ADDRESS 1501 Fendley Mill Rd. STREET ADDRESS LA GRANGE KY CITY-ST-ZIP CITY-ST-ZIP LAGRANGE, Ky. 40031 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receivenor 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

CR2E034 (10/02)

FILED