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FILED
Sep 02, 2003 8:00 am
Secretary of State
08-04-2003 90151 042 ***150.00
09-02-2003 90181 039 ***400.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000000224

1. Entity Name

~~Fontel, Inc.~~
FONETEL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
42 Broadway	C/O Patrick D. Crocker
Suite, Apt. #, etc.: Ste 201	Suite, Apt. #, etc.: 900 Comerica Bldg.
City & State: New York NY	City & State: Kalamazoo, MI
Zip: 10004 Country: USA	Zip: 49007 Country: USA

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4. FEI Number: 13-4133027 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Edwin F. Blanton
Street Address (P.O. Box Number Is Not Acceptable): 825 Thomasville Rd
City: Tallahassee FL Zip Code: 32303

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Pres/CEO/Sec/Treas/Dir
NAME	Robbie Rooney
STREET ADDRESS	42 Broadway , Ste 201
CITY-ST-ZIP	New York NY 10004

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Robbie Rooney 212-430-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)