

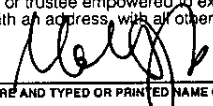


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90031 045 ***150.00

DOCUMENT # F02000004963 1. Entity Name CAROLINA CELLULAR SALES INC.					
Principal Place of Business 2727 SAINTFIELD PLACE CHARLOTTE, NC 28270			Mailing Address 2727 SAINTFIELD PLACE CHARLOTTE, NC 28270		
2. Principal Place of Business 30 ISLE OF HOPE Suite, Apt. #, etc.		3. Mailing Address 30 ISLE OF HOPE Suite, Apt. #, etc.			
City & State MT PLEASANT, SC		City & State MT PLEASANT, SC		4. FEI Number 57-1032183	
Zip 29464		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHERN, RADELLE 10300 SOUTHSIDE BLVD., KIOSK #4060 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	P JOB, MATTHEW 2727 SAINTFIELD PL CHARLOTTE, NC 28270	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 30 ISLE OF HOPE MT PLEASANT, SC 29464	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOB, CYNTHIA 2727 SAINTFIELD PL CHARLOTTE, NC 28270	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 30 ISLE OF HOPE MT PLEASANT, SC 29464	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Matthew Job		
Date 2/24/04			Daytime Phone # 7848492987		