


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90332 033 ***150.00

DOCUMENT # F03000004274	
1. Entity Name GLOBAL TOUCH TELECOM, INC.	

Principal Place of Business 515 SOUTH FLOWER STREET, 47TH FLOOR LOS ANGELES, CA 90071	Mailing Address 515 SOUTH FLOWER STREET, 47TH FLOOR LOS ANGELES, CA 90071
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2. Principal Place of Business 11845 W. OLYMPIC BLVD.	3. Mailing Address 11845 W. OLYMPIC BLVD.
Suite, Apt. #, etc. SUITE 600	Suite, Apt. #, etc. SUITE 600
City & State LOS ANGELES, CA	City & State LOS ANGELES, CA
Zip 90064	Country USA

24047068



01282004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2350850 56-234 0850	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 BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC WELCH, GREG 515 SOUTH FLOWER STREET, 47TH FLOOR LOS ANGELES, CA 90071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11845 W. OLYMPIC BLVD. STE. 600 LOS ANGELES, CA 90064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC REES, CLIFF 515 SOUTH FLOWER STREET, 47TH FLOOR LOS ANGELES, CA 90071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11845 W. OLYMPIC BLVD., STE. 600 LOS ANGELES, CA 90064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MADDOX, JAMES JR 515 SOUTH FLOWER STREET, 47TH FLOOR LOS ANGELES, CA 90071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CFO 11845 W. OLYMPIC BLVD., STE. 600 LOS ANGELES, CA 90064
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
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: *[Signature]* Date: 01/20/04 Daytime Phone #: 310-806-4700