

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90009 032 ***150.00

DOCUMENT # F93000004189

1. Entity Name:
AS TELECOMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3030 N CENTRAL AVE.
 STE 702
 PHOENIX AZ 85012
 US**

Mailing Address
**3030 N CENTRAL AVE.
 STE 702
 PHOENIX AZ 85012
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
223 E. DE LA GUERRA ST.
 Suite, Apt. #, etc.

City & State
SANTA BARBARA CA

4. FEI Number **86-0687725**
 Applied For
 Not Applicable

Zip Country
93101 USA

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

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGEComb, CHRISTOPHER 223 E. DE LA GUERRA SANTA BARBARA CA 93101 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, MARY 223 E. DE LA GUERRA SANTA BARBARA CA 93101 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, KATHLEEN 223 E. DE LA GUERRA SANTA BARBARA CA 93101 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Mayer 4/6/01 805-899-1962
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)