

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90124 047 ***150.00

DOCUMENT # F96000006028	
1. Entity Name Telco Partners, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 470 Norristown Rd Suite, Apt. #, etc. Ste 201 City & State Blue Bell PA Zip 19422		3. Mailing Address c/o Patrick D. Crocker Suite, Apt. #, etc. 900 COfAmerica Bldg City & State Kalamazoo MT Zip 49007 Country Kalamazoo	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2862770	Applied For ☐ Net Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

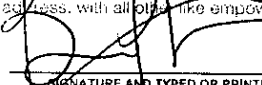
Name Edwin F Blanton
Street Address (P.O. Box Number is Not Acceptable) 825 Thomasville Rd
City Tallahassee FL Zip Code 32303

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 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)	DATE
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 NAME STREET ADDRESS CITY - ST - ZIP	Pres/Treas/Dir Bonnie P. Miller 470 Norristown Rd, Ste 201 Blue Bell PA 19422	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec/Dir Gasper Scardino 470 Norristown Rd, Ste 201 Blue Bell PA 19422	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)(b) Florida Statutes. I further certify that the information included in this report or supplement 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: 	DATE: 1-13-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR president Bonnie P. Miller	DATE 888-305-3141

CR2E034B (12/02)