


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000006709 1. Entity Name SUN TEL NORTH AMERICA, INC.	
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Principal Place of Business 6 NEVADA DR BLDG C LAKE SUCCESS, NY 11042	Mailing Address %CRESCENT TELEPHONE CO.6 NEVADA DR 6 NEVADA DR- BLDG C LAKE SUCCESS, NY 11042
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02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3432967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
 9200 S. DADELAND BLVD
 STE 508
 MIAMI, FL 33156

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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	U00000074083 03/03/04-80003-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, JOEL 6 NEVADA DRIVE-BLDG C LAKE SUCCESS, NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCALICE, ANTHONY M 6 NEVADA DRIVE-BLDG C LAKE SUCCESS, NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACALUSO, CHARLES 6 NEVADA DRIVE-BLDG C LAKE SUCCESS, NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCALICE, ANTHONY M 6 NEVADA DR - BLDG GC LAKE SUCCESS, NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACALUSO, CHARLES 6 NEVADA DR - BLDG C LAKE SUCCESS, NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  President 3-1-04 (516)326-2540
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #