FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-17-2002 90036 049 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000001715**

1. Entity Name
Vox Populi Telecommunications, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20630 Wrencrest Lane	**1720 Windward Concourse**
Suite, Apt. #, etc.: **209**	Suite, Apt. #, etc.: **Suite 250**
City & State: **Houston TX**	City & State: **Alpharetta GA**
Zip: **77073-3416** Country: **USA**	Zip: **30005** Country: **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **76-0512956** ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: **TCS Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable): **1406 Hays Street, Suite 2**

City: **Tallahassee** **FL** Zip Code: **32301**

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

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: **President/CEO/Director**	TITLE:
NAME: **Roger A. Smith**	NAME:
STREET ADDRESS: **20630 Wrencrest Lane**	STREET ADDRESS:
CITY-ST-ZIP: **Houston TX 77073-3416**	CITY-ST-ZIP:
TITLE: **Vice President/Secretary/Director**	TITLE:
NAME: **Lauren T. Fisher**	NAME:
STREET ADDRESS: **20630 Wrencrest Lane**	STREET ADDRESS:
CITY-ST-ZIP: **Houston TX 77073-3416**	CITY-ST-ZIP:
TITLE: **Treasurer/Director**	TITLE:
NAME: **Wilma Smith**	NAME:
STREET ADDRESS: **20630 Wrencrest Lane**	STREET ADDRESS:
CITY-ST-ZIP: **Houston TX 77073-3416**	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-25-02 (281) 821-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #