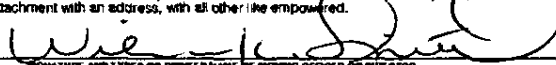


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90222 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000001715			
1. Entry Name VOX POPULI TELECOMMUNICATIONS, INC.			
Principal Place of Business 20630 WRENCREST LN. HOUSTON, TX 77073		Mailing Address 1720 WINDWARD CONCOURSE SUITE 250 ALPHARETTA, GA 30005	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 76-0512956		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TCS CORPORATE SERVICES, INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000		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. 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 withdrawing) DATE _____			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SMITH, ROGER A 20630 WRENCREST LN. HOUSTON, TX 77073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FISHER, LAUREN 2714 ALDERLEAF PL. SPRING, TX 77388 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, WILMA K 20630 WRENCREST LN. HOUSTON, TX 77073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: 		4-9-03 2818215749	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case Company Phone #	

CR2C034 (1/02)

Attachment

70038938
#F97000001715

1720 Windward Concourse - Ste 250
Alpharetta GA 30005
Phone (678) 775-2244, fax (678) 775-2254

**INSTRUCTIONS FOR FILING
THE STATE OF FLORIDA
CORPORATION UNIFORM BUSINESS REPORT**

- 1) An officer of the Corporation must sign the report.
- 2) Please return the report and a check for \$150.00 to the:

Division of Corporations
Registration Section
PO Box 1500
Tallahassee, FL 32302-1500

NOTE: Make check payable to the Florida Department of State.

The attached report is due by: 5/1/03

The attached report was completed and reviewed by: Patrick Hardy

If you have any questions regarding the attached report, please contact me directly.