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

70038938

1. Entity Name
VOX POPULI TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
20630 WRENCREST LN. HOUSTON, TX 77073	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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
TCS CORPORATE SERVICES, INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will Be $400.00
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			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

CR2E034 (10/02)

12. 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 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 — Date — Daytime Phone #

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.