FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800006331

BROOKSTONE TELECOM, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90037 034 ***158.75



						<u> </u>	
Principal Place	e of Business	Mailing Address					
27450 YNEZ RD., STE. 300 27450 YNEZ RD., STE. 300							
TEMECULA CA 92591		TEMECULA CA 92591				DO NOT WRITE IN THIS SPACE	
						Date Incorporated or Qualifed	
						11/18/1998	
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21		<u> </u>	26			95-3317482	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$8	75 Additional .
27						5. Certificate of Status Desired 🗵	e Required
City & State	e	City & State				6. Election Campaign Financing \$5	.00 May Be
23		28				Trust Fund Contribution Ad	ded to Fees
Zip	Country	Zip	_	ountry	•	8. This corporation owes the current year Intangible	GEN.
24	25	29	30			Personal Property Tax. Yes	S ⊠ No
	9. Name and Address of Curr	rent Registered Agent		-	T	10. Name and Address of New Registered Agent	
000	DODATION CEDIACE COMON	MV		81	Name		
CORPORATION SERVICE COMPANY				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	HAYS STREET			_			
IALL	AHASSEE FL 32301-2525			83			
				84	City	 85	Zip Code
					l	poration submits this statement for the purpose of changing	
SIGNATURE	m familiar with, and accept the obli					ed when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	1	3.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	CPST	☐ DELE	TE 1.1	TITLE		□ Ch	ange
NAME	NELSON, ARTHUR H		1.2	NAME			
STREET ADDRESS	37104 DEPORTOLA		1.3	STREE	TADDRESS		
CITY-ST-ZIP	TEMECULA CA 92592			CITY-S	T-ZIP		ange Addition
TITLE		☐ DELE	TE 2.1	TITLE		□ Ch	ange [_] Addition
NAME			2.2	NAME			
STREET ADDRESS			2.3	STREE	T ADDRESS		
CITY-ST-ZIP	*			4 CITY-S	ST-ZIP		ange
TITLE		☐ D€LI		TITLE		□ Cu	
NAME				NAME			
STREET ADDRESS					TADDRESS		
CITY-ST-ZIP		☐ DEU		CITY-S	ST-ZIP	☐ Ch	ange
TITLE				TITLE		_ GII	a.go
NAME				2 NAME	T 4000500		
STREET ADDRESS					TADORESS		
CITY-ST-ZIP		☐ DELI		CITY-S	ST-ZIP	□ Ch	ange Addition
TITLE				NAME			. 5
NAME					T ADDRESS		
STREET ADDRESS				CITY-S			
CITY-ST-ZIP		☐ DELI		1 TITLE		□ Ch	ange Addition
TITLE				2 NAME			- -
NAME CTOTET ADDRESS					TADDRESS		
STREET ADDRESS				4 CITY-S	1		
FITY, \$1, 710	s.				- 1		

14. 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 annual report or supplemental annual 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 comporation or the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed are on an attachment with an address, with all other like empowered.

SIGNATURE

909/694-4114