

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91098 003 ***150.00

DOCUMENT # F98000006332

1. Entity Name
TELCOM ENTERPRISES OF INDIANA, INC.



Principal Place of Business
**8646 CASTLE PARK DR
INDIANAPOLIS IN 46256**

Mailing Address
**8646 CASTLE PARK DR
INDIANAPOLIS IN 46256**

70029998



Please Change - we moved

2. Principal Place of Business

10040 E. 10th Street

3. Mailing Address

10040 E. 10th St.

Suite, Apt. #, etc.

Indpls. IN.

Suite, Apt. #, etc.

Indpls. IN.

City & State

46229

City & State

46229

Zip

Country

USA

Zip

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **63-1173908**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **P** ☐ Delete
NAME **MASTRIANNA, RALPH J**
STREET ADDRESS **8646 CASTLE PARK DR**
CITY-ST-ZIP **INDIANAPOLIS IN 46256**

TITLE **VP** ☐ Delete
NAME **MASTRIANNA, DEBRA L**
STREET ADDRESS **8646 CASTLE PARK DR**
CITY-ST-ZIP **INDIANAPOLIS IN 46256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Ralph J. Mastrianna**
STREET ADDRESS **10040 E. 10th St.**
CITY-ST-ZIP **Indpls. IN. 46229**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Debra L. Mastrianna**
STREET ADDRESS **10040 E. 10th St.**
CITY-ST-ZIP **Indpls. IN. 46229**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **X**

Signature Required

2-28-03

(317-890 2887)

Date Daytime Phone #

CR2E034 (10/02)