-2004-FOR-PROFIT-CORPORATION_ **ANNUAL REPORT (AR)**

SIGNATURE:

Jul 28, 2004 8:00 am Secretary of State DOCUMENT # H05169 1. Entity Name 07-28-2004 90016 017 ***150.00 ADVANCED TELECOMMUNICATIONS SYSTEMS, INC. Principal Place of Business Mailing Address 1131 N.E. 214TH ST. MIAMI FL 33179-1317 1131 N.E. 214TH ST. MIAMI FL 33179-1317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 59-2413994 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, VIRGINIA F 1131 N.E. 214TH STREET Street Address (P.O. Box Number is Not Acceptable) NO. MIAMI BEACH, FL 33179 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME HUGHES, LEONARD G NAME STREET ADDRESS 1131 N.E. 214 STREET STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME HUGHES, VIRGINIA F MAME STREET ADDRESS 1131 NE 214TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33179** CITY-ST-ZIP TITLE Variable ---TITLE ☐ Delete Change ■ Addition NAME HUGHES, REBECCA NAME STREET ADDRESS 1131 N.E. 214 STREET STREET ADDRESS CITY-ST-ZIP N. MIAMI BÉACH FL 33179 CITY-ST-ZIP TITLE ☐ Delete Change □ Addition HUGHES, DARRYL E NAME 1131 N.E. 214 STREET STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33179 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED