FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # 16 0061			1	1 y 01 State 0155 028 ***150.00
1. Entity Name City Telaphone	Company		03-13-2002 90	7133 028 130.00
2(0) 2000	/			
DO NOT WRITE	IN THIS S	PACE	•	
2. Principal Place of Business	3. Mailing Address	laste Co		
Suite, Apt. #, etc. #/00	Suite, Apr. #. By CLOOKE		DO NOT WRITE IN THIS SPACE	
Furt Lardendale	Palmomp Reads		4. FEI Number Applied For Not Applicable	
Zip FL 33334	Zip [= Z	Country 33069	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			7. Name and Address of Current Register	
DO NOT W	RITE	Name O	il Whitaken	
IN THIS SP		Preet Address	(P.O. Box Number is Not Acceptable)	
	ACE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	W. Kalin Hive	Urive
The state of the s		CityPow		L Zip Cod 33060
8. The above named entity submits this statement for	the purpose of changing its	registered office or registe	ed agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registored agent an	d title if applicable. (NOTI	: Registered Agent signature require	d when reinstating) DAT	E
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$550.00		1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
(See criteria on back)	Make Check Payab	I UBR is \$61.25	Trust Fund Contribution.	Added to Fees
11. OFFICERS AND D	IRECTORS	IIILE TO ALL TO	The second secon	
NAME STREET ADDRESS Chil With Fall ev		NAME		(12/01)
CITY-SI-ZIP 457 W. Palm /	line. Dr.	STREET ADDRESS CITY-ST-ZIP		
NAME Pompamo Beard		mue		CR2E034B
STREET ADDRESS	33069	NAME		5
CITY-ST-ZIP .	22001	CITY-ST-ZIP	A STATE OF THE STA	
NAME		TITLE		
SIREET ADDRESS CITY-SI-ZIP		STREET ADDRESS	DO NOT WR	ITE
TITLE .		TITLE	IN THIS SPA	
NAME STREET ADDRESS		NAME STREET ADDRESS	IN ITIIS OFA	IVE
CITY-SI-ZIP		CITY-ST-ZIP,	A Comment of the Comm	
TITLE NAME: ~ -		NAME NAME	AND THE PROPERTY OF THE PARTY O	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
TITLE		CITY-SI-ZIP	A Straight of the state of the	
NAME.		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
13. 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 11 or on an extraction of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an extraction of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.				
attachment with an address, with all other like empo	we ded	== . ada an olimbres or		ELD IN DIOCK II OF OR SE
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				