04/30/2002 11:35 954-385-9284 JOEL SANDERS CI

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91146 014 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61243

1. Entity Name
TELESTATS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4119 N. STATE RD. 7	1535 N. PARK DRIVE
Suite, Apt. #, etc. STE. 128	Suite, Apt. #, etc. STE. 103
City & State FT. LAUDERDALE, FL	City & State WESTON, FL
Zip 33319 Country USA	Zip 33326 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0012431 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOEL SANDERS & COMPANY, PA

Street Address (P.O. Box Number is Not Acceptable)
1535 N. PARK DRIVE, SUITE 103

City WESTON FL Zip Code 33326

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.

SIGNATURE: JOEL SANDERS & Co P.A. 4/30/02
Signature, type or print name of individual and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	LARRY SELMONSKY
STREET ADDRESS	4119 N. STATE RD. 7
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319
TITLE	VP
NAME	MITCHELL COHEN
STREET ADDRESS	4119 N. STATE RD. 7
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319
TITLE	ST
NAME	STEVEN COHEN
STREET ADDRESS	4119 N. STATE RD. 7
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319
TITLE	
NAME	
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CR2E034B (12/01)

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 attachment with an address, with all other like empowered.

SIGNATURE: Larry Selmonsky April 30, 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date