

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000005445****1. Entity Name**
TELLITALIA, INC.

Principal Place of Business PO BOX 7357 HOLLYWOOD FL 33081	Mailing Address PO BOX 7357 HOLLYWOOD FL 33081
---	---

2. Principal Place of Business	3. Mailing Address
---------------------------------------	---------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 65-0797591	Applied For <input type="checkbox"/> Not Applicable
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GENTILE ROBERT A 10150 SW 16TH PL DAVIE FL 33324 US	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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	04/30/2001 DATE
--	---------------------------

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME GENTILE ROBERT A	<input type="checkbox"/> Delete		TITLE D	NAME GENTILE ROBERT A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10150 S W 16TH PLACE				STREET ADDRESS 10150 SW 16TH PLACE			
CITY-ST-ZIP DAVIE FL 33324				CITY-ST-ZIP DAVIE FL 33324			
TITLE D	NAME D FRANK	<input type="checkbox"/> Delete		TITLE D	NAME D'AQUINO FRANK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P O BOX 7357				STREET ADDRESS P O BOX 7357			
CITY-ST-ZIP HOLLYWOOD FL 33081				CITY-ST-ZIP HOLLYWOOD FL 33081			
TITLE D	NAME D ROSARIA M	<input type="checkbox"/> Delete		TITLE D	NAME D'AQUINO ROSARIA M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P O BOX 7357				STREET ADDRESS P O BOX 7357			
CITY-ST-ZIP HOLLYWOOD FL 33081				CITY-ST-ZIP HOLLYWOOD FL 33081			
TITLE D	NAME D	<input type="checkbox"/> Delete		TITLE D	NAME D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS D				STREET ADDRESS D			
CITY-ST-ZIP D				CITY-ST-ZIP D			
TITLE D	NAME D	<input type="checkbox"/> Delete		TITLE D	NAME D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS D				STREET ADDRESS D			
CITY-ST-ZIP D				CITY-ST-ZIP D			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Frank D'Aquino	D	04/30/2001
----------------------------------	----------	-------------------

CR2E037 (11/00)