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

DOCUMENT #P00000054224

FILED
04 MAY 14 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
CELL-STATION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3800 Tampa Road Suite, Apt. #, etc.
City & State	City & State: Oldsmar, Florida
Zip / Country	Zip: 34677 / Country

4. FEI Number: 59-3650211 ☐ 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: David A. Beyer
Street Address (P.O. Box Number is Not Acceptable): c/o Piper Rudnick LLP
101 E. Kennedy Blvd., Suite 2000
City: Tampa **FL** Zip Code: 33602

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: David A Beyer
Signature, typed or printed name of individual signing 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 NAME STREET ADDRESS CITY-ST-ZIP	P, D, S and T Frahmann, Melton 105 Island Way #125 Clearwater, FL 33767
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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: Melton Frahmann Melton Frahmann, President (813) 891-4200
MANDATORY: TYPED OR PRINTED NAME OF PERSON SIGNING ABOVE OFFICER OR DIRECTOR Date Daytime Phone #