2001	UNI	R)		FILE	D							
DOCUMENT # P0000071554  1. Entity Name LARKIN TELECOM SERVICES, INC.							Apr 10, 2001 08:00 AM Secretary of State					
Principal Plac			Mailing Address	Mailing Address 358D WEST 9TH MILE ROAD								
PENSACOLA FL 32534			PENSACOLA 32534									
2. Principal P		ness	3. Mailing Address PO BOX 2428									
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				Œ	OO NOT WR	ITE IN THI	S SPACE	–	
City & State PENSACOLA FL			City & State PENSACOLA	•			4. FEI Number Applied For 59-3665410 Not Applied be Not Applied For					
Zip 32534		Country	Zip 32513	Coun	itry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Namo	and Address of Current	Registered Agent		Name	7. 1	Name and Addre	ss of New	Registere	d Agent		
SPIEGEL & 343 ALMER			•				(P.O. Box Number is Not Acceptable)					
CORAL GABLES FL			FL								<del></del>	-
33134		US		City					F	L Zip Co	ode	1
Tax filing r (See criter	oration is eliç	d or printed name of registered agent gible to satisfy its Intangible and elects to do so.	V, N, 2 4-70	III FEE	IS \$150. will be \$!	550.00	10. Election (	Campaign F d Contributi	-	\$5.	.00 May Be ed to Fees	
11.	SVD	OFFICERS AND		12.			DITIONS/CHAN	GES TO OF	FICERS A			]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARKIN	GEORGE WJF ST 9TH MILE ROAD OLA	☐ Delete			LARKIN 410 WEST S PENSACOI	GEORGE 9TH MILE ROAI LA	WJR	FL	<b>∑</b> Change 32534	e	334 (11/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LARKIN 358D WE PENSACO	DEBORAH ST 9TH MILE ROAD OLA	☐ Delete			PTD LARKIN 410 WEST 9 PENSACOI	DEBORAH 9TH MILE ROAI LA	)	FL	Change 32534	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	e et address -st-zip					Change		
of the cor	poration or t	he receiver or trustee emp	n this filing does not qualify for strue and accurate and that o owered to execute this report with all other like empowered	ny signai as redui	ilire shall h	ava tha coma	legal affect se if	mada unda	· aath, that	I am an office	or or director	

PRES

04/10/2001 Date

Daytime Phone #

SIGNATURE: DEBORAH LARKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR