

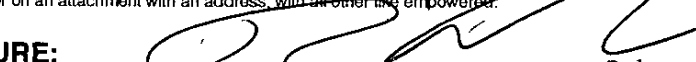


**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

20041114

DOCUMENT # P00000112933				04-22-2005 90267 037 ***150.00	
1. Entity Name WPC TELECOM, INC.					
Principal Place of Business 1200 W. CASS STREET 150 TAMPA, FL 33606		Mailing Address 1200 W. CASS STREET 150 TAMPA, FL 33606			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
STEVEN L. STEWART 813 MAIN STREET 2ND FLOOR CHIPLEY, FL 32428		Name Catherine M. Norton Breman, Esq. Street Address (P.O. Box Number is Not Acceptable) 401 S. Florida Avenue, Suite 300 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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		DATE April 11, 2005 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, STEVEN L 4941 HIGHWAY 90 MARIANNA, FL 32448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CASH, ROBERT C 1200 W. CASS STREET, SUITE 150 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Robert C. Cash Date 4/12/05 Daytime Phone #			