FILED
Jul 21, 2003 8:00 am
Secretary of State
07-01-2003 90040 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116265

1. Entity Name
PUMA TELECOMMUNICATIONS OF SOUTH FLORIDA, INC.

[redacted]

55051778

[redacted]

Principal Place of Business	Mailing Address
5340 N. FEDERAL HWY., SUITE 105 LIGHTHOUSE POINT, FL 33064	5340 N. FEDERAL HWY., SUITE 105 LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business	3. Mailing Address
2010 NE 31st St	2010 NE 31st St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lighthouse Pt, FL	City & State: Lighthouse Pt, FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1055905 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DIBELER, EDWARD N
5340 N. FEDERAL HWY., SUITE 105
LIGHTHOUSE POINT, FL 33064

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE ______ DATE 6-24-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

File Now! Fee is $150.00. After May 1, 2003 Fee will be $550.00. Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D DIBELER, EDWARD N 2010 NE 31ST ST. LIGHTHOUSE POINT, FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______ 7-15-03 954 520-2260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #