## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

| DOCUMENT# No. 10 00 - 77 6  |  | <del></del>   |   |
|---|--|---|---|
| DOCUMENT # P010000097250  Cellular Connections Unlimited Inc.   |  | 02 NOV -L; PH L;: L,5   |   |
| Cellular Connection 1)1: + 1+   |  |   |   |
| Total Cornellons Unlimited , Inc.   |  | SECRETARY OF STATE FALLAHASSEE, FLORIDA   |   |
| DO NOT WRITE IN THIS S  | DACE   |   |   |
|   | FACE   |   |   |
| 2. Principal Place of Business 1247 Altazar St Suite, Apt. #, etc. 3. Mailing Address 1247 Altazar St Suite, Apt. #, etc.   |  |   |   |
|   |  | DO NOT WRITE IN THIS SPACE  |   |
| City & State  |  | 4. FEI Number   | Applied For                                 |
| Zip Country Zip   | Country  | 59-3693919  | Not Applicable                              |
| 32909 USA 32909   | LUSA !   |   | \$8.75 Additional<br>Fee Required           |
|   | Name 🕜 🚶   | Name and Address of Current Registered  | Agent                                       |
| DO NOT WRITE  | Street Address (P.C  | D. Box Number is Not Acceptable)  | 7   |
| IN THIS SPACE   |  | Altatar 8t  |   |
|   | CitQ1 D  | iais FL   | Zip Code                                    |
| 8. The above named entity submits this statement for the purpose of changing it   | s registered office or registered  | agent, or both, in the State of Florida   | Zip Code<br>32409                           |
| SIGNATURE   |  |   |   |
| Complied hand a series  | E: Registered Agent signature required whe   | en reinstating) DATE  |   |
| 9. This corporation is eligible to satisfy its Intangible  January 1 - I  | flay 1 Fee is \$150.00<br>1, Fee is \$550.00   | 40 54-4-6   |   |
| (See criteria on back)  | d UBR is \$61.25<br>ble to Department of State   | 10. Efection Campaign Financing Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees              |
| 11. OFFICERS AND DIRECTORS  | To Department of State   |   | 7     |
| MAKE Edmond T. Henry  | TITLE NAME   |   | ¥.  |
| STREET ADDRESS 1247 Altazar st  | STREET ADDRESS   |   |   |
| THE TO M Day 11. 3 24001  | CITY;ST-ZIP  | <b>V</b>  |   |
| NAME<br>STREET ADDRESS :  | NAME   |   |   |
| CITY-ST-ZIP   | STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| TITLE<br>NAME   | गार्ह  |   |   |
| STREET ADDRESS  | NAME<br>STREET ADDRESS   | DO NOT MOIT   |   |
| TITLE   | - CITY ST - ZP   | DO_NOT_WRIT   | E   |
| NAME  | TITLE<br>NAME  | IN THIS SPAC  | E   |
| STREET ADDRESS<br>CITY-SI-JIP   | STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| TILE .  | TITLE:   |   |   |
| VAME<br>STREET ADDRESS  | NAME<br>Street Address   |   |   |
| OTY-57-2P   | CITY-ST-ZIP  |   |   |
| TTLE<br>MAME  | TITLE  |   | 7   |
| STREET ADDRESS  | NAME<br>STREET ADDRESS   |   |   |
| 3. Thereby certify that the information supplied with the file.   | CITY-ST-UP   |   | # 14 A                                      |
| <ol><li>I hereby certify that the information supplied with this filling does not qualify for<br/>indicated on this report or supplemental report is true and accurate and that m<br/>of the corporation or the receiver or trustee empowered to execute this report<br/>attachment with an address, with all other like empowered.</li></ol> | the exemption stated in Section<br>y signature shall have the same<br>as required by Chapter 607, 50 | 119.07(3)(i), Florida Statutes. I further certify legal effect as if made under oath; that I am | that the information an officer or director |
| attachment with an address, with all other like empowered.  |  | مان عنوسود, and that my name appears in 3 ك   | 1 984 4398                                  |
| SIGNATURE: And  |  | 10-25-2003- 32  | 1 403 5351                                  |

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To Whom It May Concern

RE: Incorporation status

We had never recieved the May 29 coraspondance for corection of the UBR we sent in. We were asked to send a new UBR with this letter to reinstate the status of incorporation to Cellular Connection Unlimited, Inc. Thank you for your time.

Corporate President Edmund T. Henry