2002	2,UNIF	ORM BUSI)	5/10/01	80/27	704823 ND	#150	- Cusac			
DOCU					1-1			8			
1. Entity Name TELECOSM INC.									5 AM 3:5		ΑV
Principal Plac 13503 NW 10 SUNRISE FL			Mailing Address 13503 NW 10TH ST SUNRISE FL 33323				/ 108/1001 I/1 06/P		RY OF STAT		
2. Principal P	Place of Busines	S	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DC	NOT WRITE IN T	THIS SPACE		
City & Stat	te		City & State			4. 1	FEI Number /	- I-00	-21 A	pplied For]
Zip		Country	Zip	try		<u>, (05</u>	10 1=	¢0.75	ot Applicable	1	
	6. Name ar	nd Address of Current F	eqistered Agent		·		Certificate of Status Name and Addres		Fee Require		{
PAINTER,	·· =		e e e e e e e e e e e e e e e e e e e	7 4.	Name Street Addre	45 - 1 is	Box Number is Not		3	* <u>*</u> =	
	FL 33323				City				Tip Cop	10	
8. The above	named entity s	ubroite t/vs statement/for	the purpose of changing its	reaistere		istered ag	ent, or both, in the		FL Zip Coo		
SIGNATURE.	Signature, project or	rished rathe of registers agent ar	delle)	•	d Agent signature re	·		<u></u>	1/14/0	<u>32</u>	
9. This corpo Tax filing r (See criter	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State				mpaign Financing	~	00 May Be d to Fees	<u> </u> 		
11.		OFFICERS AND D		12.		AD	DITIONS/CHANG	S TO OFFICERS			=
NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, PA 13503 NW 1 SUNRISE FL	OTH ST			I				☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS	D WILLIAM, OS 13503 NW 1	SNAT OTH ST			ET ADDRESS			***************************************	☐ Change	☐ Addition	CR2
CITY-ST-ZIP	SUNRISE FL	33323	Delete	CITY-	ST-ZIP			. =	Change	Addition	
NAME Street address City-St-Zip				NAME STREE			~ .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP		1 100 00 00 00 00 00 00 00 00 00 00 00 0		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	·		☐ Delete	TITLE NAME	ST-ZIP T ADORESS			<u>-</u>	☐ Change	☐ Addition	l
CITY-ST-ZIP	certify that the in	formation supplied with B	nis filing does not qualify for	CITY-	ST-ZIP	n Section 1	119 07(3)(i) Florido	Statutoe I furths	r cortifu that the	oformation.	
		supplemental report is eceiver or trustee thinps ment with an add/ess.	pis filing does not qualify for the and accurate and that if Ared to execute this report a that other like empowered.	graning ay ranguin	ire shall have and by Chapter	the same le 607, Florid	egal effect as if mada Statutes; and the	de under oath; that my name appe	at I am an officer ars in Block 11 or	or director Block 12 if	
SIGNAT		SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER (OR DIRECTO	DR .		Date	1/00	Daytime Phone #	V 14	