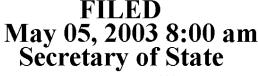
Mailing Address

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000061654 **DOCUMENT #** 1. Entity Name CELEBRITY WIRELESS CORP

Principal Place of Business



05-05-2003 90110 030 ***150.00

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ay 05, 2003 8:00 am	
Secretary of State	Ġ
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561.751-0040

4-30-03

13860 WELLINGTON TRACE BAY#17 WELLINGTON FL 33414			13860 WELLINGTON TRACE BAY#17 WELLINGTON FL 33414						 	
2. Principal Place of Business			3. Mailing Address			_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES			
City & State	e		City & State			4.	4. FEI Number 65-1114123 Applied For Not Applicable			
Zip Country Zip			Coun	try	5.	Certificate of Status Desired	\$8.75 Ac Fee Requir			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
STURZA, JEFFREY A 1789 ST ANDREWS PLACE				Name 1 Crire of A STUTZA Street Address (P.O. Box/Number is Not Acceptable) 13860 Wellington IN						
104 WELLINGTON FL 33414				City well-ryton FL Zio Code, y						
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 (egispered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
ج, After	May 1, 200	! FEE IS \$150.00 B3 Fee will be \$550.00 Florida Department of S	State				Election Campaign Financir Trust Fund Contribution.		00 May Be ad to Fees	
10.		OFFICERS AND DI	RECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13860 WE	EFFREY A LLINGTON TRACE SUITE ON FL 33414	☐ Delet	NAM! STRE				☐ Chạnge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VINCENT LLINGTON TRACE SUITE ON FL 33414	Delet	NAM! STRE				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13860 WE	ANTHONY LLINGTON TRACE SUITE ON FL 33414	Delet	NAMI STRE				* Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13860 WE	NO, DEPIETTO LUNGTON TRACE SUITE ON FL 33414	Deleti	NAME STRE	i i			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EDMUND LINGTON TRACE SUITE ON FL 33414	Delete	NAME Stre				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREE				☐ Change	☐ Addition	
indicated of the corp	on this repor poration or th	t or supplemental report is tri	ue and accurate and ered to execute this	d that my signat report as requir	ure shall have the	e same l	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; t da Statutes; and that my name app	hat I am an office	r or director	