FILED Jan 15, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name CAMPUS CELLPHONES, INC.				01-15-2003 90231 005 ***150.00			
Place of Business	3. Mailing Address				68181 1811 8811 6811 68 11		
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
te	City & State			4. FEI Number 59-3733848 Applied For Not Applicable			
Country	Zip	Country	,	5. Certificate of S	atus Desired	\$8.75 Ad	ditional
6. Name and Address of Curren	Registered Agent		·	7. Name and Add	ress of New Register	<u> </u>	
R. EDWARD		Name				W	
HIGHWAY 19	•	Street A	Address (F	P.O. Box Number is f	Not Acceptable)		
HOLIDAY FL 34691			6181	1 E.Lake Rd. #294			
// //	1					Zip Cod	le
e named entity submits this statement for	or the purpose of changing its re						and accept
tions of registered agent.	Λ Λ	, .					
Signature, typed or printed name of regionered agon	and title if poplicable. (NOTE:	Registered Agent signal	ture required v	when reinstating)		<u>[an.13-0</u>	03
TI E NOW!!! EEE IS \$150.00					DAI		
r May 1, 2003 Fee will be \$550.00					. •		May Be I to Fees
<u> </u>	DIRECTORS	11.	1	ADDITIONS/CHA	NGES TO OFFICERS A	ND DIRECTOR	S IN 11
	☐ Delete	TITLE				Change	☐ Addition
2236 US HIGHWAY 19		STREET ADDRESS	3618	81 E.Lake	Rd.#294		
		CITY-ST-ZIP	Palı	m Harbor	FL 34685		
, ,,	☐ Delete	TITLE				Change	☐ Addition
			3618	81 E.Lake	Rd. #294	(
HOLIDAY FL 34691		CITY-ST-ZIP	Palr	m Harbor	FL 34685		
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		NAME STREET ANDRESS					
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	☐ Delete	TITLE				☐ Change	Addition
		NAME				-	
			•				
	. Delete	TITLE		-		☐ Change	Addition
	CELLPHONES, INC. Ce of Business KE RD. #294 OR FL 34685 Place of Business #, etc. te Country 6. Name and Address of Current R, EDWARD HIGHWAY 19 FL 34691 Prayed or printed name of registered agent Signature, typed or printed name of registered agent Signature, typed or printed name of registered agent OFFICERS AND PSTD SPOONER, EDWARD 2236 US HIGHWAY 19 HOLIDAY FL 34691 VP KESSELL, RYAN 2236 US HIGHWAY 19	The B CELLPHONES, INC. Ce of Business KE RD. #294 OR FL 34685 Place of Business #, etc. Country C	Mailing Address Scend Business Rend #294 Set Rot #294 Set	Mailing Address KE RD, #294 OR FL 34685 Mailing Address Site E, LAKE RD, #294 PALM HARBOR FL 34685 Place of Business 3. Mailing Address Business 4. etc. Country Zip Country 5. Name and Address of Current Registered Agent R, EDWARD HIGHWAY 19 FL 34691 Prant and Address of Current Registered Agent R, EDWARD HIGHWAY 19 FL 34691 Prant and Preserved Agent algoritations of registered agent. Note: Registered Agent algoritations of registered Agent	Mailing Address SCELLPHONES, INC. De of Business KE RD. #294 Selfer E LAKE RD. #294 PALM HARBOR FL 3485 Place of Business 3. Mailing Address H, otc. Suite, Apt. #, etc. De Clty & State Clty & State Clty & State Country Servert Address of Current Registered Agent Anne SPOONER Street Address (PO. Box Number is 1 36181 E. Lake F. City Palm Harbor Palm Harbor Paramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in thors of registered agent. Segnature typed or printed name of the steep have not skill schools (PO. Box Number is 1 Segnature typed or printed name of the steep have not skill schools (PO. Box Number is 1 Segnature typed or printed name of the steep have not skill schools (PO. Box Number is 1 City Palm Harbor III. ADDITIONS/CHA MAE STREET ADDRESS CITY-SI-ZP CITY SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete SITEET ADDRESS CITY-SI-ZP Delete TITLE NAME SIREET ADDRESS CITY-SI-ZP Delete SITEET ADDRESS CITY-SI-ZP Delete SITEET ADDRESS CITY-SI-ZP Delete SITEET ADDRESS CITY-SI-ZP Delete SITEET ADDRESS CITY-SI-ZP Delete	O1-15-2003 9023 S CELLPHONES, INC. O1-15-2003 9023 O1-	On of Brusiness SCELLPHONES, INC.

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 trief 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 addless, with all other like en powered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR DRINNED NAME OF SIGNING OFFICER OR DIRECTOR

Jan.13-03

(813) 979-454

Daytime Phone #

CR2E034 (10/