

APPROVED AND FILED

03 JUN 17 PM 4:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Handwritten initials

2003 AMENDED

05/27/03 90174 044 \$61.25



DOCUMENT # P0100067029

1. Entity Name
CAMPUS CELLPHONES, INC.

Principal Place of Business
36181 E. LAKE RD. #294
PALM HARBOR, FL 34685

Mailing Address
36181 E. LAKE RD. #294
PALM HARBOR, FL 34685

2. Principal Place of Business
2780 E. Fowler Ave.

3. Mailing Address
2780 E. Fowler Ave.

State, Apt. #, etc. **#244**

City & State **Tampa FL**

4. FEI Number **59-3733848**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPOONER, EDWARD
36181 E. LAKE RD. #294
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent
Name **Ian Baker**
Street Address (P.O. Box Number is Not Acceptable)
2780 E. Fowler Ave. #244
City **Tampa** FL Zip Code **33612**

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]* DATE **May 21-03**

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 PSTD | NAME SPOONER, EDWARD | TITLE VP | NAME [Blank] |
| STREET ADDRESS 36181 E. LAKE RD. #294 | CITY-ST-ZIP PALM HARBOR, FL 34685 | STREET ADDRESS [Blank] | CITY-ST-ZIP [Blank] |
| TITLE VP | NAME KESSELL, RYAN | TITLE PSTD | NAME [Blank] |
| STREET ADDRESS 36181 E. LAKE RD. #294 | CITY-ST-ZIP PALM HARBOR, FL 34685 | STREET ADDRESS [Blank] | CITY-ST-ZIP [Blank] |
| TITLE [Blank] | NAME [Blank] | TITLE VP | NAME Baker, Ian |
| STREET ADDRESS [Blank] | CITY-ST-ZIP [Blank] | STREET ADDRESS 2780 E. Fowler Ave. #244 | CITY-ST-ZIP Tampa FL 33612 |
| TITLE [Blank] | NAME [Blank] | TITLE [Blank] | NAME [Blank] |
| STREET ADDRESS [Blank] | CITY-ST-ZIP [Blank] | STREET ADDRESS [Blank] | CITY-ST-ZIP [Blank] |
| TITLE [Blank] | NAME [Blank] | TITLE [Blank] | NAME [Blank] |
| STREET ADDRESS [Blank] | CITY-ST-ZIP [Blank] | STREET ADDRESS [Blank] | CITY-ST-ZIP [Blank] |

12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 another law empowered.

SIGNATURE: *[Signature]* **ED SPOONER** **V- PRESIDENT** DATE **May 21-03 (722) 235-1338**

CREATED (10/02)