SIGNATURE:

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DOCU	IMENT # PO100		FILED								
TRITEL	TRITEL TELECOMMUNICATIONS INC.					02 JUL 19 AM11: 00					
629 MERIO	ce of Business NETH OR NE N BEACH FL 32547	Mailing Address 629 MERIONETH DR NE FT WALTON BEACH FL 32547				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Address Address					_						
Suite, Apt. #, etc.											
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State				FEI Number		-		7	
Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired		75 Add	ditional	1	
	6. Name and Address of Current R	egistered Agent	<u> </u>		7.	Name and Address of New R			 -	-	
DEDAV	CEDADO M			Name		·	_ 				
	RIONETH DRINE	-	<u> </u>	Street Addre	Address (P.O. Box Number is Not Acceptable)					1	
	DO JUL 19 AM 11: 00 SECRETARY OF STATE TALLAHANSEE. FLORIDA FI WALTON BEACH FL 32547 Business As Mailing Address FI WALTON BEACH FL 32547 FI WALTON BEACH FL 32547 Business 3. Mailing Address Gro. City & State City & State Country Country Country Zip Country Zip Country S. Certificate of Status Desired Read Address of New Registered Agent Name Read Address of Current Registered Agent Name CRARD M NETH DR NE N BEACH FL 32547 City FL Zip Code The Required City FL Zip Code The Registered Agent City FL Zip Code Address of P.O. Box Number is Not Acceptable) City FL Zip Code The Registered Agent City FL Zip Code After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State Delete Contribution Addition The Registered Agent Addition Addition Addition The Registered Agent Addition Addition The Registered Agent Addition Addition Addition The Registered Agent Addition Addition The Registered Agent Addition Addition The Registered Agent Addition Addition Addition The Registered Agent Addition Addition Addition The Registered Agent A FEI NUMBER Additional Fee R										
	•			City			FI Z	ip Cod	e	$\frac{1}{2}$	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or regi	stered ao	ent, or both, in the State of Eld		ar with	and accept	-	
the obligat	ions of registered agent.		Ŭ	3	- 9	or a start in the state of the	nau. Turrium		апо ассері		
SIGNATURE.											
-					uired when re	einstating)	DATE				
Tax filing r	requirement and elects to do so.	After September 13	3, 2002	Fee will be \$7	50.00 State			\$5.0 Added	0 May Be I to Fees		
11.						I DITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	S IN 11	-	
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NAME STREET ADDRESS											
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CITY-ST-ZIP			CITY-S	T-ZIP			•				
indicated of the corp	ertify that the information supplied with this in this report or supplemental report is truoration or the receiver or trustee empower	is filing does not qualify for ue and accurate and that me ered to execute this report a	the exem y signatu as require	ption stated in Street	Section 1 e same le 07. Florid	19.07(3)(i), Florida Statutes. I f	urther certify that th; that I am an c	the inf	ormation or director		

7/15/02 Date

1. Entity Na	JMENT # P0100 TELECOMMUNICATIONS INC.	00085546								
629 MERION	ice of Business ETH DR NE BEACH FL 32547	Mailing Address 629 MERIONETH DR NE FT WALTON BEACH FL		,						
2. Principal	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.										
·		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City & State				FEI Number			pplied For lot Applicable	
Zip	Country	Zip	Cour	ntry	5.	Certificate of Status Desired		8.75 Ad	Iditional	
	6. Name and Address of Current	Registered Agent		Name	7.	Name and Address of New R	egistered A	gent		
DERAY, G	GERARD M					·				
	ONETH DR NE	-	-	Street Address (F		Box Number is Not Acceptable	e) 			
FT WALT	ON BEACH FL 32547									
				City			FL	Zip Cod	de	
Tax filing requirement and elects to do so. After Ma		After May 1, 20	W!!! FEE IS \$150.00 2002 Fee will be \$550.00 able to Department of Stat			10. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees				
11.	OFFICERS AND		12.		AD	DDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERAY, GERARD M 629 MERIONETH DR NE FT WALTON BEACH FL 32547	☐ Delete					ĺ	☐ Change	☐ Addition	
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		☐ Delete						_ Change	Addition	
NAME STREET ADDRESS		☐ Delete						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby condicated of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address	this filling does not qualify for true and accurate and that n wered to execute this report	STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS			urther certify	that the in	formation	

SIGNATURE RECURSED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Date

Daytime Phone #

7/15/02 To Whom this my consern Please accept my payment of \$150.00 as this being my first year in buisness I forwarded the URB document to my accountent in March Thinking it would be back by april 15th At just came back this week along with my 2002 tax return, Thank you for your Consideration Gerard DeRay

attackment Doe # \$ \$010000 855 46