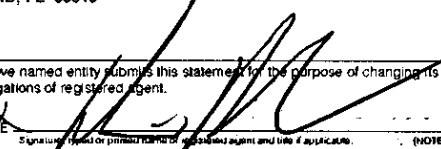
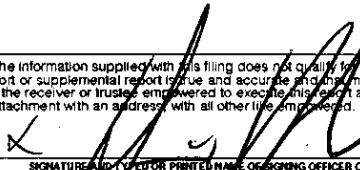


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000086322			
1. Entry Name TELNET ONE CORPORATION			
Principal Place of Business 5410 S. FLORIDA AVE. SUITE 11 LAKELAND, FL 33813 US		Mailing Address 5410 S. FLORIDA AVE SUITE 11 LAKELAND, FL 33813 US	
2. Principal Place of Business 8040 Park Byrd		3. Mailing Address 8040 Park Byrd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33810	Country USA	Zip 33810	Country USA
4. FEI Number 59-3742109		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUISSEUR, P.A. 5410 S. FLORIDA AVE SUITE 12 LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name David Pomella Street Address (P.O. Box Number is Not Acceptable) 8040 Park Byrd Rd. City Lakeland FL Zip Code 33810	
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  DATE _____ Signature of principal officer or registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing)			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPONAUGLE, ROBERT E 4252 OLD GOVERNMENT RD LAKELAND, FL 33811 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POMELLA, DAVID 8040 PARK BYRD RD LAKELAND, FL 33810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pomella, David 8040 Park Byrd Lakeland, FL 33810 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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 all other title empowered.			
SIGNATURE: 		7/29/03	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Time Phone #	

CR2E034 (10/02)

7/31