

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90093 022 \*\*\*150.00

2/6/03

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # P01000091836</b>   |   |   |   |
| <b>1. Entity Name</b><br>ALL STAR CELLULAR, INC.   |   |   |   |
| <b>Principal Place of Business</b><br>2433 INDIAN TRAILS<br>PALM HARBOR FL 34683   |   | <b>Mailing Address</b><br>24125 US HWY 19 N<br>CLEARWATER FL 33765  |   |
| <b>2. Principal Place of Business</b><br>24125 US Hwy 19 N.  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| <b>City &amp; State</b><br>Clearwater, FL  |   | <b>City &amp; State</b>   |   |
| <b>Zip</b><br>33763  |   | <b>Country</b><br>Pinellas  |   |
| <b>4. FEI Number</b><br>59-3744210   |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |   |
| <b>5. Certificate of Status Desired</b>  |   | <input type="checkbox"/> \$8.75 Additional Fee-Required   |   |
| <b>6. Name and Address of Current Registered Agent</b><br>MATTES, RICH<br>24125 US HWY 19 N<br>CLEARWATER FL 33765   |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |
| <b>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.</b>   |   |   |   |
| <b>SIGNATURE</b> <u>Rich L. Mattes</u>   |   | <b>DATE</b> <u>2/3/03</u>   |   |
| (NOTE: Registered Agent signature required when reinstating)   |   | DATE  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | P<br>MATTES, RICH<br>2433 INDIAN TRAILS<br>PALM HARBOR FL 34683 | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | John Kahajjas   | <input checked="" type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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 like empowered.</b> |   |   |   |
| <b>SIGNATURE:</b> <u>Rich L. Mattes</u>  |   | <b>DATE</b> <u>2/3/03</u>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Daytime Phone #   |   |

CR2E034 (10/02)