

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000111779</b> 1. Entity Name <b>METROCOM TELECOMMUNICATIONS, INC.</b>						<b>FILED</b> <b>04 OCT -7 AM 9:55</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>17140 SW 49 PL</b> <b>MIRAMAR, FL 33027</b>				Mailing Address <b>17140 SW 49 PL</b> <b>MIRAMAR, FL 33027</b>			
2. Principal Place of Business <b>1080 NW 163<sup>RD</sup> DRIVE</b> Suite, Apt. #, etc. <b>102</b>				3. Mailing Address <b>17140 SW 49<sup>TH</sup> PLACE</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FLORIDA</b>				City & State <b>MIRAMAR, FL</b>			
Zip <b>33169</b>		Country <b>USA</b>		Zip <b>33027</b>		Country <b>USA</b>	
4. FEI Number <b>65-1155160</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>RENNIE, JAMES</b> <b>17140 SW 49 PL</b> <b>MIRAMAR, FL 33027</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>			
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 <i>James R. Rennie</i> <b>President James R. Rennie</b> <b>OCT 05, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>RENNIE, JAMES</b> STREET ADDRESS <b>17140 SW 49 PL</b> CITY-ST-ZIP <b>MIRAMAR, FL 33027</b>				TITLE <b>300041654003</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>10/06/04--01047--013</b> <b>**150.00</b> STREET ADDRESS CITY-ST-ZIP			
TITLE <b>ST</b> <input type="checkbox"/> Delete NAME <b>CELLINI, FELICE</b> STREET ADDRESS <b>17140 SW 49 PL</b> CITY-ST-ZIP <b>MIRAMAR, FL 33027</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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.							
SIGNATURE: <i>James R. Rennie</i> <b>JAMES RENNIE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>OCT 04, 2004</b> <b>954 907-0399</b> <small>Date Daytime Phone #</small>			