## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117888  1. Entity Name BELL AMERICA COMMUNICATIONS CORP.					Secretary of State 02-26-2002 90064 032 ***158.75		
Principal Place of Business Mailing Address  11900 BISCAYNE BLVD STE. 262  MIAMI FL 33181  MIAMI FL 33181			TE. 262				
2. Principal Place of Business  2. Principal Place of Business  2. Dricc  3. Mailing Address  2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  2. Drick  Suite, Apt. #, etc.			NGE DO	1-C	DO NOT WRITE IN THIS SPACE		
	AUIE, FL	City & State	DAVIE, FL		4. FEI Number   Applied For   Not Applicable		
3333	Country	33330°	Country	5. (	Dertificate of Status Desired	\$8.75 Ade Fee Require	ditional ed
	6. Name and Address of Current R	egistered Agent	Name	7. N	Name and Address of New Registe	red Agent	
GAMBONE, DEBORAH ESQ 11900 BISCAYNE BLVD., STE. 262 MIAMI FL 33181				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	le
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent an		egistered office			ATE	
9. This corporation is eligible to satisfy its Intangible  Tax_illing requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible  After May 1, 200  Make Check Payable				550.00	Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS CITY-ST-ZIP	P RHODES, WILLIAM JR 11900 BISCAYNE BLVD., STE. 26 MIAMI FL 33181	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12555 DADI	6 DRXNGE PM-C E, FL 33330	Change # LaS	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENMAN, IRVING 11900 BISCAYNE BLVD., STE. 26 MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ORANGE Prive	#205	☐ Addition d
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(maxim   5 90 10 )	☐ 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 ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the cor	pertify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with the control of the cont	rue and accurate and that my rered to execute this report as	r signature shall s required by Ch	have the same I	egal effect as if made under oath: th:	at I am an officer	or director