2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000034773 02-13-2008 90021 047 ***150.00 TELECOM REGULATORY SERVICES, INC. Principal Place of Business Mailing Address 400 ≈ 0 ~ **803 E. WASHINGTON STREET 803 E. WASHINGTON STREET** TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 109 N. BRUSH ST. 109 N. BRUSH ST. Suite, Apt. #, etc. Suite, Apt. #, etc 01192008 Chg-P CR2E034 (12/06) Suite 150 SUITE 150 4. FEI Number City & State City & State Applied For TAMPA, 03-0433004 TAMPA, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33602 6. Name and Address of Current Registered Agent 33602 HILLSBORDUGH Fee Required 7. Name and Address of New Registered Agent MENARD, JOHN S MENARD, JOHN S Street Address (P.O. Box Number is Not Acceptable) 803 E. WASHINGTON ST. TAMPA, FL 33602 City Zip Code **33**60て 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 d or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change TITLE Delete ☐ Addition NAME MENARD, JOHN S NAME 803 E. WASHINGTON ST. STREET ADDRESS STREET ADDRESS 109 N. BRUSA STI, STE, 150 CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TAMPA, FL 33602 Oelete Change TITLE TITLE ☐ Addition MENARD, BEVERLY Y NAME NAME 109 N. BRUSH ST., STE. 150 803 E. WASHINGTON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33602 TAMPA, FL 33602 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

2/9/08

813-229-3100

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Feb 13, 2008 8:00 am