2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000081157

City-St-Zip:

Entity Name: METROPARK TELECOM OF FLORIDA, INC.

FILED Apr 30, 2003 Secretary of State

| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | | |
|---|----------------------------------|---|---|---|---|--|
| SUITE 300 | 125TH AVENU) KE PINES, FL | | | | | |
| Current Mailing Address: | | | New Mail | New Mailing Address: | | |
| SUITE 300 | 125TH AVENU) KE PINES, FL | | | | | |
| FEI Number: | : 76-0704328 | FEI Number Applied For () | FEI Number Not App | licable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | |
| SUITE 300 | 125TH AVENU | | | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing | its registered o | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | | |
| | Electro | nic Signature of Registered Ag | ent | | Date | |
| | mpaign Financin S AND DIREC | g Trust Fund Contribution(). TORS: | ADDITIO | NS/CHANGES | TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | LEVENE, JEFF 1851 NW 1251 |) Delete REY H AVENUE SUITE300 NES, FL 33028 | Title: Name: Address: City-St-Zip: | () |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | WARTMAN, NO 1851 NW 1251 |) Delete DRMAN H AVENUE SUITE300 NES, FL 33028 | Title: Name: Address: City-St-Zip: | |) Change ()Addition | |
| Title: Name: Address: | (|) Delete | Title: Name: Address: | SEGALL, SAN |) Change (X) Addition DY S D H AVE, SUITE 300 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

PEMBROKE PINES, FL 33028

SIGNATURE: SANDY SEGALL DIR 04/30/2003