FILED
03 OCT 16 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095717

1. Entity Name

FUN TO PHONE SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

000024215430
10/28/03--01073--004 **300.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2801 BISCAYNE BLVD.	2801 BICAYNE BLVD.
Suite, Apt. #, etc. SUITE 403	Suite, Apt. #, etc. SUITE 403
City & State AVENTURA, FLORIDA	City & State AVENTURA, FLORIDA
Zip 33280 Country USA	Zip 33280 Country USA

4. FEI Number 06-1649845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RANDALL L SIDLOSCA

Street Address (P.O. Box Number is Not Acceptable)

999 PONCE DE LEON BLVD. SUITE 650

City CORAL GABLES FL Zip Code 33134

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 Randall L. Sidlosca 10/14/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DORIS ESPINOZA - DIRECTOR 2801 BISCAYNE BLVD., SUITE 403 AVENTURA, FLORIDA 33280
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/14/03 786-426-8046

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPORT. I **HAVE** CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

DORIS ESPINOZA
PRESIDENT