

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107072

Entity Name: MBL TELECOM SERVICES, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

402 C.R. 168  
ATHENS, TN 37303

## New Principal Place of Business:

## Current Mailing Address:

402 C.R. 168  
ATHENS, TN 37303

## New Mailing Address:

FEI Number: 75-3084305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNN, SUSAN CPA  
4175 US 1 STE 102  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

LYNN, SUSAN CPA  
10524 MOSS PARK RD.  
204-222  
ORLANDO, FL 32832 US

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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LAWSON, MARK  
Address: 402 COUNTY ROAD 168  
City-St-Zip: ATHENS, TN 37303

Title: DVST ( ) Delete  
Name: LAWSON, SUSAN  
Address: 402 COUNTY ROAD 168  
City-St-Zip: ATHENS, TN 37303

Title: D ( ) Delete  
Name: LAWSON, LEAH  
Address: 262 S. MAGNOLIA AVE.  
City-St-Zip: MELBOURNE, FL 32935

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MARK LAWSON

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date