2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000131348

Name:

Address: City-St-Zip: GLOAD, RICHARD

16235 76TH ST. NORTH

LOXAHATCHEE, FL 33470

Entity Name: INTEGRATED TELCOM, INC.

FILED Sep 09, 2003 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	DECKER AVE. FL 34994	, STE. 125			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	DECKER AVE. FL 34994	, STE. 125			
FEI Number	: 81-0581302	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
5912 GOL PALM BEA The above in the Stat	e of Florida.	CIRCLE IS, FL 33418 US	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU		nic Signature of Registered Ag		 Date	
		ng Trust Fund Contribution ().		ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GAMACHE, TH 5912 GOLDEN) Delete HOMAS C N EAGLE CIRCLE GARDENS, FL 33418	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (GAMACHE, MI 1148 SW 33R PALM CITY, F	D ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS C. GAMACHE P 09/09/2003