


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90440 022 ***150.00

0004580 AT

DOCUMENT # P02000131437	
1. Entity Name TALK ALOT WIRELESS INC.	

Principal Place of Business 760 WEST SAMPLE ROAD POMPANO FL 33064	Mailing Address 760 WEST SAMPLE ROAD POMPANO FL 33064
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2. Principal Place of Business 760 West Sample Rd	3. Mailing Address 760 West Sample Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State Pompano Fla	City & State Pompano Fla	4. FEI Number 06-1674080	Applied For Not Applicable
Zip 33064	Country Broward	Zip 33064	Country Broward
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent STANFORD, LAKEYSHA 11262 ROUNDELAY ROAD COOPER CITY FL 33026	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *LaKeysha Stanford* *LaKeysha Stanford* *02-06-03*

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete STANFORD, LAKEYSHA 760 WEST SAMPLE ROAD POMPANO FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *LaKeysha Stanford* *LaKeysha Stanford* *2-06-03* *954943511*

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

CR2E034 (10/02)