2004 FOR PROFIT CORPORATION

FILED Apr 29, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000011062 1. Entity Name DISCOVERY TELECOM RESELLERS INC. 04-29-2004 90287 035 ***150.00 Principal Place of Business Mailing Address 10460 ROOSEVELT BLVD., #371 10460 ROOSEVELT BLVD., #371 ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33716 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Brisklesville Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent SMITH, LARRY 12001 9TH ST. NORTH, APT. 3310 ST. PETERSBURG, FL 33716 Petucsture 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Γ Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 11 11. **PVST** Change Addition TITLE ☐ Delete тпе SAME NAME SMITH, LARRY NAME 12001 9TH ST. NORTH 12100 Removed TVI STREET ADDRESS STREET ADDRESS (4. Flans pur CITY-ST-ZIF ST. PETERSBURG, FL 33716 CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition SMITH, LARRY NAME NAME STREET ADDRESS 12001 9TH ST. NORTH STREET ADDRESS Thereas correct CITY-ST-ZIP ST. PETERSBURG, FL 33716 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 qther jive empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR