P0300019508

(Requestor's Name)
HELLER & HELLER, P.A. ATTORNEYS AT LAW BELLE TERRE EAST 2929 N. UNIVERSITY DRIVE SUITE 103 CORAL SPRINGS, FL 33065
(City/State/Zip/Phone #)
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March 17, 2003

HELLER & HELLER, P.A. ATTORNEYS AT LAW 2929 N. UNIVERSITY DR., STE 103 CORAL SPRINGS, FL 33065

SUBJECT: DIVERSIFIED TELECOM, INC.

Ref. Number: P03000019508

We have received your document for DIVERSIFIED TELECOM, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Letter Number: 503A00016398

Anna Chesnut Document Specialist LAW OFFICES

HELLER & HELLER, P.A.

WILLIAM ADAM HELLER SHELLY SOLOMON HELLER, OF COUNSEL (954) 340-0037 Fax: (954) 340-0295

BELLE TERRE EAST 2929 N. UNIVERSITY DRIVE SUITE 103 CORAL SPRINGS, FL 33065

April 2, 2003

DIVISION OF CORPORATIONS

DEPARTMENT OF STATE P. O. Box 6327 Tallahassee, Florida 32314

Att: Anna Chestnut

Re: Diversified Telecom, Inc.

Reference Number: P03000019508

Dear Ms. Chestnut:

Pursuant to your letter of March 17, 2003, enclosed please find Statement of Change of Registered Office or Registered Agent. As instructed we are also enclosing a copy of your letter of March 17, 2003.

Please file this document and forward a copy to our office.

Sincerely,

WILLIAM A. HELLER

Willia a. Helle

WAH/bdb

Enclosures

LAW OFFICES

HELLER & HELLER, P.A.

WILLIAM ADAM HELLER SHELLY SOLOMON HELLER, OF COUNSEL (954) 340-0037 Fax: (954) 340-0295

BELLE TERRE EAST 2929 N. UNIVERSITY DRIVE SUITE 103 CORAL SPRINGS, FL 33065

March 6, 2003

DIVISION OF CORPORATIONS

DEPARTMENT OF STATE P. O. Box 6327 Tallahassee, Florida 32314

RE: Diversified Telecom, Inc.

Dear Recording Associate:

Enclosed please find Statement of Change of Registered Office or Registered Agent.

Also enclosed please find our firm's check # 2618 payable to the Secretary of State in the amount of \$35.00 for the filing of this amendment.

Sincerely,

WILLIAM A. HELLER

William Ce Helle

WAH/bdb

Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: DIVERSIFIED TELECOM, INC.
2. The mailing address of the corporation: 3840 COOUT CREEK PARKWAY
Coronut Creek, FL. 33066
3. Date of incorporation/qualification: 2/18/03 Document number: Po 3 000019508
4. The name and address of the current registered agent and registered office:
WILLIAM A. HELLER, ESO.
2029 N. UNIVERSITY DR. #103
CORAL SPRINGS, FL. 33065
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)
MARK A. SOLOMON
3840 COLONOT CREEK PARKWAY
COXOUNT CREEK, FL. 33066
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Mark A Doloman 3/31/03
(Signature of an officer, chairman or vice chairman of the board) (Date)
Mark A Solamon (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Shift All States of the Est S
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Mark A Sulemen VP Mo
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *