

P04000097853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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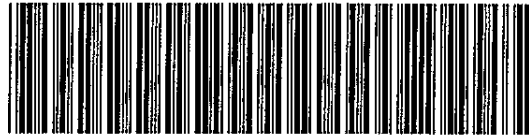
(Business Entity Name)

(Document Number)

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R.A. change

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lost Key Telecom, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P04000097853

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Kristie L. Watson  
(Name of contact person)

Lost Key Telecom, Inc.  
(Firm/Company)

P.O. Box 34474  
(Address)

Pensacola, FL 32507-4474  
(City/state and zip code)

For further information concerning this matter, please call:

Kristie L. Watson at ( 850 ) 418-2075  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 21, 2004

KRISTIE L. WATSON  
LOST KEY TELECOM, INC.  
P.O. BOX 34474  
PENSACOLA, FL 32507-4474

SUBJECT: LOST KEY TELECOM, INC.  
Ref. Number: P04000097853

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

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6869.

Teresa Brown  
Document Specialist

Letter Number: 004A00055660

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To whom it may concern:

Sorry for all the confusion with the addresses. The address is 5783 Grande Lagoon Blvd.  
Pensacola, Fl. 32507.

The phone where I can be reached is 850-748-9358.

Thank-you,  
Kristie Watson  
Lost Key Telecom

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Lost Key Telecom, Inc.
- 2. The principal office address: P.O. Box 34474  
Pensacola, FL 32507-4474
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 06/28/2004 Document number: P04000097853

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kristie L. Watson  
4051 G Barrancas Ave., #303  
Pensacola, FL 32507

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kristie L. Watson  
~~3042 Concho Drive~~ P.O. Box 34474  
(P.O. Box NOT acceptable)  
Pensacola, FL 32507

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

5783 Grande Lagoon Blvd

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, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
(Signature of an officer or director)

Kristie L. Watson, President  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

x   
(Signature of Registered Agent)

x 8-4-04  
(Date)

If signing on behalf of an entity:

Kristie L. Watson  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314