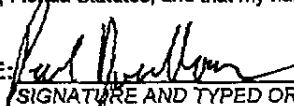


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

ATX1

<b>DOCUMENT #</b> P04000116234			
<b>1. Entity Name</b>			
TELECOM 1, INC.			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
305 PHEASANT RUN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PONTE VEDRA BEACH, FL			
Zip	Country	Zip	Country
32082-2222			
		<b>4. FEI Number</b>	<b>Applied For</b>
		27-0100284	Not Applicable
		<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>	
		Name	
		ROSENBLOOM, PAUL S.	
		Street Address (P.O. Box Number is Not Acceptable)	
		305 PHEASANT RUN	
		City	Zip Code
		PONTE VEDRA BEACH	32082
<b>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.</b> <b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE	D	TITLE	
NAME	ROSENBLOOM, PAUL S.	NAME	
STREET ADDRESS	305 PHEASANT RUN	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ROSENBLOOM, SUSAN M.	NAME	
STREET ADDRESS	305 PHEASANT RUN	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		<b>PAUL S. ROSENBLOOM</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		1-30-06	
		904 285-3562	
		Daytime Phone #	