

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

**FILED
Feb 11, 2008 8:00 am
Secretary of State**

02-11-2008 90042 004 ***150.00

DOCUMENT # P04000116234
1. Entity Name
TELECOM 1 INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
305 PHEASANT RUN
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

40021623
✓

DO NOT WRITE IN THIS SPACE

City & State
PONTE VEDRA BEACH, FL

City & State

Zip Country Zip Country
32082

4. FEI Number
27-0100284

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROSENBLUM, PAUL S.

Street Address (P.O. Box Number is Not Acceptable)
305 PHEASANT-RUN

City State Zip Code
PONTE VEDRA BEACH FL 32082

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBLUM, PAUL S. 305 PHEASANT RUN PONTE VEDRA BEACH, FL 32092	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBLUM, SUSAN M. 305 PHEASANT RUN PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul S. Rosenbloom PAUL S. ROSENBLUM 1/31/08 904 285-3562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #