

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

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90015 045 ***150.00

DOCUMENT # <u>POS000014753</u>	
1. Entity Name	
SOUTHERN WIRELESS INTERNET TECHNOLOGIES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7192 ROYAL OAK DR.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34607	Country	Zip	Country

40114308

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2528247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ROBIN SESSA	
Street Address (P.O. Box Number is Not Acceptable) 7192 ROYAL OAK DR.	
City SPRING HILL	FL
Zip Code 34607	

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBIN SESSA 7192 ROYAL OAK DR. SPRING HILL, FL 34607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LOUIS FILECCO 7192 ROYAL OAK DR. SPRING HILL, FL 34607	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:

Robin Sessa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07 352-585-7519