/ FIT CORPORATION ALINSTATEMENT

| 1. Entity Name TEL-COMMWIRELESS RESOURCES, INC   |  |                               | 219   | W/F  | POPT ZOO   | 2   |
|--|--|-------------------------------|---|--|--|---|
| Principal Place of Business  9411 DISCOVERY TERRACE #201  9411 DISCOVERY TERRACE #201  9411 DISCOVERY TERRA  BRADENTON, FL 34212  BRADENTON, FL 34212  |  |                               | IAL   | ranass E. I  | FLORIBATIO   | J-9   |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address  |  |                               |   |  |  |   |
| 17079 15156 E  | 17079 15156 E 7202 55#   |                               | 208   |  | . <b>681</b> 78 <b>6</b> 1881 (1817 1881) 18 <b>86</b> 7 (           | CINIDON ET FOOT                                 |
| Suite, Apr. #, e.u.  | Suite, Apt. #, etc.  |                               | 02062007  | REIN-P   | CR2E098 (1/07)   | )   |
| N. Redington Bel   | Brown by   | FL                            | 4. FEI Numbe  | r  | <del></del>  | Applied For<br>Not Applicable                   |
| Zip 37708 Country  | Zip<br>3 \$ 203  | Country                       | 5. Certificate  | of Status Desired  | \$8.75 Ac  | dditional                                       |
| 6. Name and Address of Current   | <u> </u>   |                               | 7. Name and   | Address of New Ro  |  |   |
| SAPORTAS, JOSEPH   |  | Name                          |   | · · · · · · · · · · · · · · · · · · ·                                | <del> </del>   |   |
| 9411 DISCOVERY TERRACE #201<br>BRADENTON, FL 34212   |  |                               | ddress (P.O. Box Numbe  | r is Not Acceptable  | )  | <u> </u>  |
| ·  |  |                               |   |  |  | m<br>m  |
|  |  | City                          | <del> </del>  |  | FL ZDCO  |   |
| <ol> <li>The above named entity submits this statement for<br/>the obligations of registered agent.</li> </ol>   | or the purpose of changing its   | registered office or          | r registered agent, or bot  | h, in the State of Flo   | rida_lam-familia with<br>岩岩 <b>9</b>                                 | i, and accept                                   |
| SIGNATURE  | and the Samuel Association (Secretary)   | P. Florida de la constanta    |   | <del></del>  | DATE DATE  |   |
| Signature, typed or printed name or registered agent   | and the happineade. (NOTE  | E: Negistered Agent sign      | ature required when reinstating)  | <del>ලලුලලුලු</del>  | <del>74605</del> 5   | )<br>08.75                                      |
| FILE NOW!!! FEE IS \$900.00  |  |                               | 02/8  | 1/070100   | 2UIU **31  | J0.13   |
| 10. OFFICERS AND   | DIRECTORS  | 11.                           | ADDITIONS/  | CHANGES TO OFFI  | CERS AND DIRECTO   | RS IN 11  |
| NAME SAPORTAS, JOSEPH  | ☐ Delete   | TITLE<br>NAME                 |   | 4 01 0   | Change   | Addition  |
| STREET ADDRESS 9411 DISCOVERY TERRACE #2   | 201  | STREET ADDRESS                | 17079 15  |  |  |   |
| CITY-ST-ZIP BRADENTON, FL 34212 TITLE VP   | ☐ Delete   | CITY-ST-ZIP                   | NRB, FL   |  | C Change   | ☐ Addition                                      |
| NAME LOFQUIST, NORMAN  |  | NAME                          | 5761 Lak  | Ave N  | Change   | Accinor   |
| STREET ADDRESS 9411 DISCOVERY TERRACE #2 CITY-ST-ZIP BRADENTON, FL 34212   | 201  | STREET ADDRESS<br>CITY-ST-ZIP | tower Mi  |  | 45   |   |
| TITLE ST   | ☐ Delete   | TITLE                         | 191 ROUNT   | nck De   | Change   | ☐ Addition                                      |
| NAME KAUFMAN, MMARGARET STREET ADDRESS 9411 DISCOVERY TERRACE #2   | 201  | NAME<br>STREET ADDRESS        | 191 BRADE<br>BRECKINI   | 21 DAR C   | ^  |   |
| CITY-ST-ZIP BRADENTON, FL 34212  |  | CITY-ST-ZIP                   | Bredon !  | )( )   |  |   |
| NAME   | ☐ Delete   | TITLE<br>NAME                 |   |  | ☐ Change   | ☐ Addition                                      |
| STREET ADDRESS CITY-ST-ZIP   |  | STREET ADDRESS CITY-ST-ZIP    |   |  |  |   |
| TITLE  | ☐ Defete   | TITLE                         |   |  | ☐ Change   | Addition  |
| NAME STREET ADDRESS  |  | NAME<br>STREET ADDRESS        | ı   |  |  |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP                   |   |  |  |   |
| TITLE NAME   | ☐ Delete   | TITLE<br>NAME                 |   |  | ☐ Change   | Addition  |
| STREET ADDRESS CITY-ST-ZIP   |  | STREET ADDRESS<br>CITY-ST-ZIP |   |  |  |   |
| thereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee employanged, or on an attachment with an address. | this filing does not qualify fo<br>strue and accurate and that no<br>overed to execute this report | r the exemptions of           | I ontained in Chapter 119,<br>lave the same legal effect<br>apter 607, Florida Statutes | Florida Statutes. I f<br>t as if made under o<br>s; and that my name | urther certify that the ath; that I am an office appears in Block 10 | information<br>er or director<br>or Block 11 if |
| changed, or on an attachment with an address,  | with all other like empored ed   |                               | -14   | 110/1  |  |   |
| SIGNATURE: SIGNATURE AND TYPED OR  | PRINTED NAME OF SIGNING OFFICER  | OR DIRECTOR                   |   | Date   | (770) 309<br>Daytime Phone   |   |