


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90410 033 ***150.00

DOCUMENT # P05000159484 1. Entity Name ENTERCOMM, INC.					
Principal Place of Business 4584 HIATUS RD SUNRISE, FL 33351			Mailing Address 4584 HIATUS RD SUNRISE, FL 33351		
2. Principal Place of Business - No P.O. Box # 5219 HIATUS RD <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5219 HIATUS RD <small>Suite, Apt. #, etc.</small>			
City & State SUNRISE FL		City & State SUNRISE FL		4. FEI Number 20-4031948	
Zip 33351		Country BROWARD US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EYZAGUIRRE, JAIME 4584 HIATUS RD SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name EYZAGUIRRE, JAIME Street Address (P.O. Box Number is Not Acceptable) 5219 hiatus rd. City SUNRISE FL Zip Code 33351		
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 <u><i>Jaime Eyzaguirre</i></u> 4-24-08 <small>Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORENZO, DIEGO 4584 HIATUS RD SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EYZAGUIRRE, JAIME 4584 HIATUS RD SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORENZO, DIEGO 5219 HIATUS RD SUNRISE FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EYZAGUIRRE, JAIME 5219 HIATUS RD SUNRISE FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORENZO, DIEGO 5219 HIATUS RD SUNRISE FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EYZAGUIRRE, JAIME 5219 HIATUS RD SUNRISE FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EYZAGUIRRE, JAIME 5219 HIATUS RD SUNRISE FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jaime Eyzaguirre - S</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-24-08 9546347000 <small>Date Daytime Phone #</small>		