


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90055 041 ***150.00

DOCUMENT # P23873	
1. Entity Name TSI TELECOMMUNICATION SERVICES INC.	

Principal Place of Business 201 N. FRANKLIN ST. SUITE 700 TAMPA, FL 33602 US	Mailing Address 201 N. FRANKLIN ST. SUITE 700 TAMPA, FL 33602 US
--	--

2. Principal Place of Business ONE TAMPA CITY CENTER Suite, Apt. #, etc.	3. Mailing Address ONE TAMPA CITY CENTER Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



01132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D EVANS, G. EWARD CEO <input type="checkbox"/> Delete 201 N. FRANKLIN STREET, STE. 700 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE TAMPA CITY CENTER SUITE 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLESS, RAYMOND L CFO <input type="checkbox"/> Delete 201 N. FRANKLIN STREET, STE. 700 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE TAMPA CITY CENTER SUITE 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHE, COLLIN PARTNER <input type="checkbox"/> Delete 201 N. FRANKLIN STREET, STE. 700 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE TAMPA CITY CENTER SUITE 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNINI, DAVID PARTNER <input type="checkbox"/> Delete 201 N. FRANKLIN STREET, STE. 700 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ONE TAMPA CITY CENTER SUITE 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GARCIA, ROBERT F GEN COU <input type="checkbox"/> Delete 201 N. FRANKLIN STREET, STE. 700 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE TAMPA CITY CENTER SUITE 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NELSON, WAYNE TREASUR <input type="checkbox"/> Delete 201 N. FRANKLIN STREET, STE. 700 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE TAMPA CITY CENTER SUITE 700

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **WAYNE NELSON** **1/11/04** **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #