2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P93000019926

1. Entity Name

PHOENIX TELECOMMUNICATIONS, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90632 028 ***150.00

							- 1				
Principal Place of Business 17887 SE FED HWY APT A TEQUESTA FL 33469 US 2. Principal Place of Business				Mailing Address 17887 SE FED HWY APT A TEQUESTA FL 33469 US 3. Mailing Address							
2. 7 Mapa Mass of Boomboo				or maining Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	4. FEI Number 65-0406969			pplied For ot Applicable
Zip Country			Zip		Cour	Country		Certificate of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
HANBY, KENNETH 17887 SE FED HWY				Street .			dress (P.O. Box Number is Not Acceptable)				
	A FL 33469)									
						City	City		FL	Zip Cod	e
8. The above the obligat	e named entit tions of regist	y submits this statem ered agent.	ent for the purp	ose of changing it	s register	ed office or regis	stered ag	ent, or both, in the State of Flo	rida. Lami	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered	d agent and title if app	licable. (NO	TE: Registere	d Agent signature requ	uired when re	einstating)	DATE		
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$55 0 Florida Departme	0.00					Election Campaign Fin Trust Fund Contribution			00 May Be d to Fees
10. OFFICERS AND DIRECTO			DRS II.			AD	L DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANBY, KENNETH 17887 SE FDED HWY TEQUESTA FL			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete _		i	-			☐ Change	Addition
TITLE NAME Street Address City-St-Zip				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	12157 211	gr air	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	. `			☐ Delete	TITLE NAMI STRE	1		**********		Change	Addition

12. I hereby certify that the information supplied with this filling 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 divises 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: