

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034016

Entity Name: ALL CELLULAR, INC.

FILED  
Mar 19, 2004  
Secretary of State

## Current Principal Place of Business:

700 E. MICHIGAN AVE.  
SUITE 102  
ORLANDO, FL 32806 US

## New Principal Place of Business:

## Current Mailing Address:

111 N. ORANGE AVE.  
SUITE 1200  
ORLANDO, FL 32801 US

## New Mailing Address:

FEI Number: 59-3190269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAMS, MAURICE  
111 NORTH ORANGE AVENUE  
#1200  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

SHAMS, MAURICE  
111 NORTH ORANGE AVENUE  
#1200  
ORLANDO, FL 32801 US

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.

SIGNATURE: MAURICE SHAMS

03/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HUHN, CLETE F  
Address: 1100 S ORNAGE AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: MORAN, THOMAS P  
Address: 111 N ORANGE AVENUE # 1200  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: SHAMS, MAURICE  
Address: 111 N ORNAGE AVENUE # 1200  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: HIATT, JACK  
Address: 3033 MERCY DRIVE  
City-St-Zip: ORLANDO, FL 32808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MORAN

D

03/19/2004

Electronic Signature of Signing Officer or Director

Date