

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90052 025 ***150.00

DOCUMENT # P93000079392

1. Entity Name

CAPITAL TELECOM, INC.**A0051553**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10968 SW REDWING DR STUART FL 34997 US	10968 SW REDWING DR STUART FL 34997-2718 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0451976	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
OSBORNE, JOHN 732 SW 5TH CT. HALLANDALE FL 33009

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	
NAME	OSBORNE, JOHN D	NAME	
STREET ADDRESS	10968 SW REDWING DR	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	OSBORNE, ANGELA	NAME	
STREET ADDRESS	10968 SW REDWING DR	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	OSBORNE, CHRISTOPHER	NAME	
STREET ADDRESS	10968 SW REDWING DR	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **4/24/00** **561-219-1192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #