2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90082 038 ***150.00

DOCUMENT # P94000072304

1. Entity Name
TELECOM CONNECTION CORP.

Principal Place of Business	Mailing Address
990 S CONGRESS #1 DELRAY BCH FL 33445 US	990 S CONGRESS #1 DELRAY BCH FL 33445 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
432 W Boynton Bch Blvd	432 W Boynton Bch Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Bch Fl	City & State: Boynton Bch Fl
Zip: 33435 Country: Palm Bch	Zip: 33435 Country: Palm Bch.

4. FEI Number 65-1408829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEARSON, WAYNE 15270 MEADOW WOOD DRIVE WELLINGTON FL 33414	Name: Wayne Searson Street Address (P.O. Box Number is Not Acceptable): 432 W Boynton Bch Blvd City: Boynton Bch FL Zip Code: 33435

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) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEARSON, WAYNE 15270 MEADOW WOOD DR WELLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEARSON, KIMBERLY 15270 MEADOW WOOD DR WELLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] Wayne Searson, President 2-23-01 561 265 1414 ext 222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #