

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000078342**1. Entity Name  
TELECOMMUNICATION SERVICES INTERNATIONAL, INC.Principal Place of Business  
300 HARBOR DRIVE, STE. 200  
INDIAN ROCKS BEACH FL 33785 USMailing Address  
300 HARBOR DRIVE, STE. 200  
INDIAN ROCKS BEACH FL 33785 US2. Principal Place of Business  
5457 ENDICOTT PLACE3. Mailing Address  
5457 ENDICOTT PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
OVIEDO FLCity & State  
OVIEDO FL4. FEI Number  
59-3286965Applied For  
Not ApplicableZip  
32765Country  
USZip  
32765Country  
US5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GREENISH PATRICK  
300 HARBOR DR.INDIAN ROCK BEACH FL  
34635 US

## 7. Name and Address of New Registered Agent

Name  
GREENISH PATRICKStreet Address (P.O. Box Number is Not Acceptable)  
5457 ENDICOTT PLACECity  
OVIEDO FL Zip Code  
32765

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 \_\_\_\_\_ 09/10/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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

TITLE V ☐ Delete  
NAME GREENISH CYNTHIA  
STREET ADDRESS 300 HARBOR DRIVE, STE. 200  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635TITLE D ☐ Delete  
NAME GREENISH PATRICK R  
STREET ADDRESS 300 HARBOR DRIVE, STE. 200  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Change ☐ Addition  
NAME GREENISH CYNTHIA  
STREET ADDRESS 5457 ENDICOTT PLACE  
CITY-ST-ZIP OVIEDO FL 32765TITLE D ☒ Change ☐ Addition  
NAME GREENISH PATRICK R  
STREET ADDRESS 5457 ENDICOTT PLACE  
CITY-ST-ZIP "OVIEDO FL 32765TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Patrick R Greenish

D

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)