

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000084706 (8)

1. Corporation Name

UNIVERSAL TELE-COMMUNICATION SERVICES, INC.

Principal Place of Business

301 S MILWEE STREET  
SUITE 210  
LONGWOOD FL 32750  
US

Mailing Address

301 S MILWEE STREET  
SUITE 210  
LONGWOOD FL 32750  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1994

4. FEI Number

59-3276806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 301 S Milwee St.

26 301 S. Milwee

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Longwood, FL

28 Longwood FL

24 Zip

25 Country

29 Zip

30 Country

32750

USA

32750

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAHAN, JEFF  
301 S MILWEE ST  
SUITE 210  
LONGWOOD FL 32750

81 Name Kahan, Jeff

82 Street Address (P.O. Box Number is Not Acceptable)  
301 S. Milwee St.

83

84 City Longwood FL FL 85 Zip Code 32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME COHEN, ALISHA L  
STREET ADDRESS 301 S MILWEE ST  
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Cohen, Alisha L  
1.3 STREET ADDRESS 301 S. milwee St.  
1.4 CITY-ST-ZIP Longwood, FL 32750

TITLE D ☐ DELETE  
NAME KAHAN, JEFF  
STREET ADDRESS 301 B MILWEE STREET  
CITY-ST-ZIP LONGWOOD FL 32750

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Kahan, Jeff  
2.3 STREET ADDRESS 301 S. milwee St.  
2.4 CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature Required

1/29/98

CR2E034 (10/97)