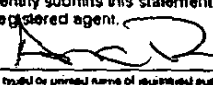


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amendment
FILED

03 DEC 18 AM 9:28

SECRET OF STATE
900025257579
12/05/03--01048--002 **35.00

DOCUMENT # P94000090749			
1. Entity Name IKUSI TELECOMMUNICATIONS, INC.			
Principal Place of Business SADDLE RIVER PLAZA II 2 PARKWAY & RT. 17 S UPPER SADDLE RIVER RIDGEWOOD, NJ 07450 US		Mailing Address C/O DAVID LENTZ, ESQ. LENTZ & GENGARO, 445 LORTFIELD AVE. WEST ORANGE, NJ-07052 US	
2. Principal Place of Business Nicolas Fernandez, P.A.		3. Mailing Address Nicolas Fernandez, P.A.	
Suite, Apt. #, etc. 780 NW 42nd Avenue #324		Suite, Apt. #, etc. 780 NW 42nd Ave. # 324	
City & State Miami, FL.		City & State Miami, FL.	
Zip 33126		Country US	
4. FEI Number 65-0543554		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLAS FERNANDEZ, ESQ. 780 N.W. LE JEUNE ROAD, SUITE 324 MIAMI, FL 33128		7. Name and Address of New Registered Agent Name Esquire Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 780 NW 42nd Ave. # 324 City Miami FL Zip Code 33126	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 12/2/03	
NOTE: Registered Agent's signature required when submitting.			
FILE NOW!!! FEE IS \$150.00 AMENDED UBR IS \$61.26 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D IGLESIAS COCOLINA, ANGEL 3000 N.W. 92 AVE. MIAMI, FL. ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	300025257579 12/18/03--01043--004 **26.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HUEYE FERNANDEZ, MANUEL 3000 N.W. 92 AVE. MIAMI, FL. ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		11-26-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)