AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN -7 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020906

1. Entity Name
DISCOUNT CELLULAR, INC.

Principal Place of Business	Mailing Address
2550 Okeechobee Blvd. Suite G3 West Palm Beach, FL 33409	2919-E.N. Military Tr. #358 West Palm Beach, FL 33409

300003335003--1
-07/25/00--01049--013
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0568742
☐ 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
Schwartz, Melissa 2550 Okeechobee Blvd. West Palm Beach, FL 33409	Name: Keith Schwartz Street Address (P.O. Box Number is Not Acceptable): 2550 Okeechobee Blvd., Suite G3 West Palm Beach, FL 33409 City: West Palm Beach, FL FL Zip Code: 33409

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: _____ 6/14/00
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, 2000 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	PTSD Melissa Schwartz 2919-E.N. Military Tr. West Palm Beach, FL 33401	☒ Delete	PD Keith Schwartz 2550 Okeechobee Blvd., Suite G3 West Palm Beach, FL 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP D Steve Tsompanas 2550 Okeechobee Blvd., Suite G3 West Palm Beach, FL 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD Michael Tsompanas 2550 Okeechobee Blvd., Suite G3 West Palm Beach, FL 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SD Val Tsompanas 2550 Okeechobee Blvd., Suite G3 West Palm Beach, FL 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 6/6/00 5613138500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #