

AMENDED

APPROVED
AND
FILED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020906

1. Entity Name
DISCOUNT CELLULAR, INC.

Principal Place of Business
2550 Okeechobee Blvd.
Suite G3
West Palm Beach, FL 33409

Mailing Address
2919-E.N. Military Tr.
#358
West Palm Beach, FL 33409

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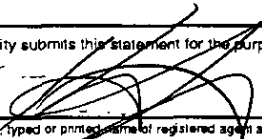
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0568742	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	☐	

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:  (NOTE: Registered Agent signature required when reinstating) DATE: 6/14/00

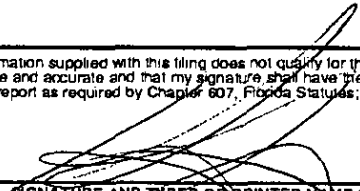
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE MONTHLY FEE IS \$10.00
After MAY 1, 2000 Fee will be \$200.00
Main 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Keith Schwartz 2550 Okeechobee Blvd., Suite G3 West Palm Beach, FL 33409 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP D Steve Tsompanas 2550 Okeechobee Blvd., Suite G3 West Palm Beach, FL 33409 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Michael Tsompanas 2550 Okeechobee Blvd., Suite G3 West Palm Beach, FL 33409 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Val Tsompanas 2550 Okeechobee Blvd., Suite G3 West Palm Beach, FL 33409 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition

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

CR2E034 (9/99)