PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## P95000091664 **DOCUMENT #**

1. Corporation Name

TELENET OF SOUTH FLORIDA, INC.

FILED 95 OCT 3 PM 1:47 SEGNETANT OF STATE TALLAHASSEE, FLORIDA

| 10422 TAF  | Place of Busine<br>T STREET<br>E PINES FL 33 |  | Mailing Ad<br>10422 TAF<br>PEMBROK                                  |  |   |   |                    |  |  |
|--|--|--|---|--|---|---|--------------------|--|--|
| If above addresses are incorrect in any way, line through incorrect.  2. New Principal Office Address, If Applicable.  3. New M.  Suite, Apt. #, etc.  Suite, Apt. |  |  |   | illing Office Address, If Applicable             |   | 4. Date Incorporated or Qualified To Do Business in Florida  12/04/1995  5. FEI Number  Applied For |                    |  |  |
| City & State  Zip Country  |  |  | City & Stat   | te   | Country   | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status          |                    |  |  |
| 7. Names   | and Street At                                | Idresses of Each Officer                   | and/or Director (I  | Florida nonpro                                   | ofit corporations must list at le   |   |                    |  |  |
| Title(s)   | 2  |  |   |  | Street Address of Eac<br>Officer and/or Directo<br>Do NOT Use Post Office Box | or<br>Numbers)  | City / State / Zip |  |  |
| D  | KUPINSK                                      | KUPINSKY, MARYIN                           |   |  | eerbrooke Creek Cir   | ICLE STE  | TAMPA FL 33624     |  |  |
| \$   | S Kupinsky, Mitchell                         |  |   | 633 Bed Ford AUE                                 |   |   | Ft. Lauderdale     | FL. 33326  |  |
|  |  |  |   |  |   |   | per 10/2           |  |  |
|  |  |  |   |  |   |   | 200.00             | 130 021<br>200.00  |  |
|  | 8. Na  | me and Address of Cur                      | rent Registered   | Agent  | Name  | 9. Name and Address of New Registered Agent Name  |                    |  |  |
| 5420   |  | istopher M esq.<br>Oke Creek Circle :<br>4 | STE 16  |  |   | Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.                             |                    |  |  |
|  |  |  |   |  | City  | City State Zip Code   |                    |  |  |
| Signature  |  | the registered agent of th                 | REGISTERED  |  | n familiar with and accept the  | obligations of S  |                    |  |  |
| 11. C  | oes this                                     | corporation pa                             | ay any inta<br>r S. 199.03  | ngible ta<br>32, Florid                          | ax to the<br>da Statutes. Yes   | s 🗌 No  |                    | r side for information intangible tax.)  |  |
| 12. l cer  | tify that I am a                             | n officer or director or the               | e receiver or truster<br>or dissolution has to<br>dithe names of in | e empowered<br>been eliminate<br>dividuals liste | I to execute this application a   | or an exemption   |                    | rther certify that when filing<br>17.0401, F.S., that all fees<br>F.S. The information indicated |  |

on this application is true and accurate, and my signature shall have the same legal effect as

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR