## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 27, 2002 8:00 am Secretary of State P96000041295 DOCUMENT # 1. Entity Name 05-27-2002 90356 036 \*\*\*150 00 FRENTEL COMMUNICATIONS, INC. Principal Place of Business Mailing Address 9133 TAFT ST. 9133 TAFT ST. PEMBROKE PINES FL 33024-4652 HOLLYWOOD FL 33024-4652 2. Principal Place of Business 3. Mailing Address 2701 N Hiatus Road 2701 N Hiatus Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0695534 Hollywood, FL 33026-1305 Hollywood, 33026-1305 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDLER, MARÇIA Street Address (P.O. Box Number is Not Acceptable) 9133 TAFT ST. PEMBROKE PINES FL 33024 City Zio Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE -☐ Delete TITLE ☐ Change ☐ Addition BALTIMORE, SHEILA NAME 📣 NAME 21207 LAGÓ CIR STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete TITLE (X) Change Addition NAME SANDLER, MARCIA Sandler, Marcia NAME STREET ADDRESS 9133 TAFT ST. STREET ADDRESS 2701 N Hiatus Road CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY\_ST-ZIP\_ Hollywood, FL 33026-1305 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

Marcia Science Of Signing Officer or Director

Hador (954) 431-756