

FILED
May 04 1998 8:00am
Secretary of State

DOCUMENT # P97000091842 (9)
1. Corporation Name
TELECASH, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 1366 80TH ST. S. ST. PETERSBURG FL 33707 | 1366 80TH ST. S. ST. PETERSBURG FL 33707 |

| | | | |
|---------------------------------------|-----------|----------------------------|-----------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

| | | | |
|---|--|----|----------------|
| g. Name and Address of Current Registered Agent | | 81 | Name |
| BONIE, DANIEL E | | 82 | Street Address |
| 1366 80TH ST. S. | | 83 | |
| ST. PETERSBURG FL 33707 | | 84 | City |

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

| 12. | | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|---------------------------------|--|--|--|---|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BONIS, DANIEL E 1386 80TH ST. S. ST. PETERSBURG FL 33707 | <input type="checkbox"/> DELETE | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/13/98 8:23 AM

CR2E034 (10/97)