.4 -	Pl	EASE READ	ALL INSTRU	CTIONS	BEFORE C		NG TI	HIS FORM.		
			Kath Secre	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED SECRETARY OF STATE PUVISION OF CONFORATIONS 02 JAN 29 PH 4:00			
DOCU 1. Corpora	JMENT # ition Name Iesta	# p970008 Teleco	093960 m, In	с.						
1681 Bonita Lane			San	3. Mailing Office Address Same			REINSTATEMEN V			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11 03/97					
City & State Sarasoty Fla.			City & State		5. FEI Number Applied For			oplied For		
zip 342	13 9 °	USA	Zip	Country		6. CERTIRCATE	OFSTAT	S DESIRED S8.75 Additionation	al Fee required	
		-	7. Name a	nd Address o	f Current Register	red Agent				
	Name Lloyd E. Slater									
	Street Address (P.O. Box Number is Not Acceptable)									
	Suite, Apt. #, Etc.									
	city Sarasota						State FL	Zip Code 34134	1	
8. I, being Signature of Registered	f	gistered agent of the abo		ar	th and accept the o	bligations of sectio	on 607.050 Date ₋	05 or 617.0503, F.S.	CR2E081 (9/01)	
9. Names	and Street Addre	esses of Each Officer and	l/or Director (Florida n							
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		r	City / State / Zip			
P4D	Lloyd Glater		10	1681 Bonita Lane		ane	Sarasota, Fla, 34239			
.								· · ·	AD	
	y that I am an offic	cation, the reason for diss	olution has been elimi names of individuals li	nated, the corpo sted on this for	orate name satisfie: n do not qualify for	s the requirements an exemption und	of section	r 617, F.S. I further certify that v 607.0401 or 617.0401, F.S., th 119.07(3)(i), F.S. The informatio	at all fees	
this rei owed b	by the corporation application is true	e and accurate, and my s	ignature shall have the λ							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Siesta Telecom, Inc.

- 2. The mailing address of the corporation: 1681 Bonita Lave Savasota, Fla. 34239 3. Date of incorporation/qualification: 11/03/97 Document number: P9700093960
- 3. Date of incorporation/qualification: ______ Document number: P71000957

4. The name and address of the current registered agent and office:

Lane. #100 eman 34232

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)

34239

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

01/14/02 (Signature of an officer, chairman or vice chairman of the board

loyd Slater Press (Printed or typed name and President

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Regis Fred Agent

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

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DIVISION OF CORPORATIONS

P.O. Box 6327

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections of	607.0502(2), 6	17.0502	(2), 607.1509,	or 617.1509,			
Florida Statutes, the undersigned,	stephen	B.	May				
	(Name of registered agent)						
hereby resigns as Registered Agent for	Sicoto	i Ta (Name	elecom of corporation)	Inc.			

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of resigning agent)

If signing on behalf of an entity:

.,

...

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E046(9/98)

OFFICER / DIRECTOR RESIGNATION

I, <u>Stephen B. May</u>, hereby resign as <u>an officer</u> and director (Title) of <u>Siesta Telecom</u>, <u>Inc.</u>, (Name of Corporation) a corporation organized under the laws of the State of Fbrida

and affirm that the corporation has been notified in writing of the resignation.

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E044(9/98)

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