FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90063 023 ***150.00

DOCUMENT # P98000002521

1. Corporation Name

TELECOM HOSPITALITY, INC.

Principal Place of Business	Mailing Address
3250 MARY STREET SUITE 501 MIAMI FL 33133	3250 MARY STREET SUITE 501 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1998

4. FEI Number **65--0803459** — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SCHATZ, RICHARD E
— —STEARNS WEAVER MILLER WEISSLER ET. AL
150 WEST FLAGLER ST., SUITE 2200
MIAMI FL 33130

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City _____ FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE		1.1 TITLE P/D	☐ Change ☑ Addition
NAME **SIBLEY, PETER L**		1.2 NAME Sibley, Peter L.	
STREET ADDRESS **3250 MARY STREET SUITE 501**		1.3 STREET ADDRESS 3250 Mary St. Suite 501	
CITY-ST-ZIP **MIAMI FL 33133**		1.4 CITY-ST-ZIP Miami, FLA. 33133	
TITLE ☐ DELETE		2.1 TITLE T/S/D	☐ Change ☑ Addition
NAME		2.2 NAME Horton, Steven J.	
STREET ADDRESS		2.3 STREET ADDRESS 3250 Mary St. Suite 501	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Miami, FL 33133	
TITLE ☐ DELETE		3.1 TITLE D	☐ Change ☑ Addition
NAME		3.2 NAME Weiser, Warren P.	
STREET ADDRESS		3.3 STREET ADDRESS 2665 S. Bayshore Dr. Suite 1002	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Miami, FLA. 33133	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _Steven J. Horton_   STEVEN J. HORTON   4/23/99   (305)445-4201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #