## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am & Secretary of State P98000002521 DOCUMENT # 1. Entity Name 05-19-2002 90189 050 \*\*\*150.00 TELECOM HOSPITALITY, INC. Principal Place of Business Mailing Address 3250 MARY STREET 3250 MARY STREET SHITE 501 SUITE 501 **MIAMI FL 33133 MIAMI FL 33133** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0803459 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHATZ, RICHARD E Street Address (P.O. Box Number is Not Acceptable) STEARNS WEAVER MILLER WEISSLER ET. AL 150 WEST FLAGLER ST., SUITE 2200 **MIAMI FL 33130** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Change ■ Addition ☐ Delete TITLE TITLE SIBLEY, PETER L NAME NAME 3250 MARY STREET SUITE 501 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP TSD Addition TITLE ☐ Delete TITLE Change HORTON, STEVEN J NAME NAME 3250 MARY STREET SUITE 501 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP .Change ■ Addition-Delete THE TITLE WEISER, WARREN P NAME NAME 2665 S BAYSHORE DR- STE 1002 STREET ADDRESS STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE Change : Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING