

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

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Secretary of State

03-08-1999 90045 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000028546

1. Corporation Name
TELECOM MARKETING, INC.

Principal Place of Business
447 3RD AVE. N. STE. 205
ST. PETERSBURG FL 33701

Mailing Address
447 3RD AVE. N. STE. 205
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/26/1998

4. FEI Number
59-3504430 Applied For
Not Applicable

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

2. Principal Place of Business
21 447 3RD AVE. N. STE. 205
Suite, Apt. #, etc.
22 SUITE 205
City & State
23 ST. PETERSBURG, FL
Zip Country
24 33701 25

2a. Mailing Address
26 447 3RD AVE. N. STE. 205
Suite, Apt. #, etc.
27 SUITE 205
City & State
28 ST. PETERSBURG, FL
Zip Country
29 33701 30

9. Name and Address of Current Registered Agent

LALWANI, SAMANTHA
447 3RD AVE. N., STE. 205
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name LALWANI, SAMANTHA
82 Street Address (P.O. Box Number is Not Acceptable)
447 3RD AVE. N.
83 SUITE 205
84 City ST. PETERSBURG, FL 85 Zip Code 33701

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 *Samantha Lalwani*

(NOTE: Registered Agent signature required when reinstating)

2/23/99

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	Pres.		
1.2 NAME	LALWANI, SAMANTHA		
1.3 STREET ADDRESS	447 3RD AVE N, STE 205		
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Samantha Lalwani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 (727) 823-1515
Date Daytime Phone #

CR2E034 (1/198)