2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078831

CATTANEO, STEFAN

BREWSTER, NY 10509

303 TAMARACK LN

Name: Address:

City-St-Zip:

Entity Name: ALTEL SYSTEMS GROUP, INC.

FILED Jul 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3014 U.S. HIGHWAY 301 N., SUITE 800 3014 U.S. HIGHWAY 301N. TAMPA, FL 33619 SUITE 800 TAMPA, FL 33619 **Current Mailing Address:** New Mailing Address: 3014 US HIGHWAY 301N. 601 N. MAIN STREET BREWSTER, NY 10509 SUITE 800 TAMPA, FL 33619 FEI Number: 59-3533504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SCHRYVER, MW CHAR VITALE, BRUCE VP 481 8TH AVÉNUE SOUTH 3014 US HIGHWAY 301N. TAMPA, FL 33619 NAPLES, FL 34102 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: BRUCE VITALE 07/07/2004 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MCAFEE, GERARD Name: Name: 4619 SWORDFISH DR Address: Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: VITALE, BRUCE Name: 18104 PRINCESS POINT CIRCLE Address: Address: TAMPA, FL 33647 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MUSCI, ANDREW Name: Name: 7 SHEPHERD'S WAY Address Address: City-St-Zip: NEW FAIRFIELD, CT 06812 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: STEFAN CATTANEO 07/07/2004 Τ