

DOCUMENT # P98000101939



FILED  
Jan 25, 2007 08:00 AM  
Secretary of State



1. Entity Name

MAC TEL COMMUNICATIONS, INC.

Principal Place of Business

4119 GUNN HWY  
24  
TAMPA FL 33624

Mailing Address

P.O. BOX 341169  
TAMPA FL 33694

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-3551180

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCARTHY, KEVIN J  
18808 MERRY LN  
LUTZ FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME MCARTHY, KEVIN J  
STREET ADDRESS 18808 MERRY LN  
CITY ST ZIP LUTZ FL 33549

Change  Addition  
U00000603900  
01/23/07-80032-020 150.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

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TITLE  Delete  
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Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kevin J. McCarthy*

1/23/07 813-948-7410

Date

Daytime Phone #