

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-27-2002 90431 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000014880** ✓
 1. Entity Name
Telephony Communications group

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
710 NE 15th Ave
 Suite, Apt., etc.

3. Mailing Address
710 NE 15th Ave
 Suite, Apt., etc.

37831

DO NOT WRITE IN THIS SPACE

City & State
FT Lauderdale FL
 Zip
33304 Country
US

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FT Lauderdale FL
 Zip
33304 Country
US

4. FEI Number
650895314
 Applied For
 Not Applicable

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

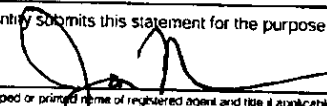
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7. Name and Address of Current Registered Agent

Name
Spiegel and Utrera, PA
 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Ave

City
Coral Gables FL Zip Code
33134

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)

4/28/02
 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 - Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
VP
 NAME
Matthew Pisoni
 STREET ADDRESS
401 NE 15th Ave
 CITY - ST - ZIP
FT Lauderdale FL 33304

TITLE
President
 NAME
Don Mary
 STREET ADDRESS
710 NE 15th Ave
 CITY - ST - ZIP
FT Lauderdale FL 33304

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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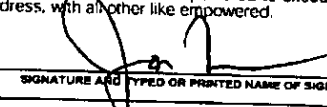
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 9542943282
 Date Daytime Phone #

CR2E034B (12/01)