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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

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[redacted]

37831

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2. Principal Place of Business	3. Mailing Address
710 NE 15th ave	710 NE 15th ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Ft Lauderdale FL
Zip: 33304 Country: US	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 ____________________ 4/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	TITLE	
NAME	Matt Pizzoni	NAME	
STREET ADDRESS	411 NE 15th ave	STREET ADDRESS	
CITY-ST-ZIP	Ft lauderdale FL 33304	CITY-ST-ZIP	
TITLE	president	TITLE	
NAME	Jon Mam	NAME	
STREET ADDRESS	710 NE 15th ave	STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale FL, 33304	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: ____________________ 4/28/02 9542943282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #