


02-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000011880
 Entity Name Telephony Communications Group



FILED
 03 MAY 15 PM 1:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>710 NE 15th Ave</u>		3. Mailing Address <u>1007 N Federal Hwy</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>PMP #77</u>	
City & State <u>FT. Lauderdale FL</u>		City & State <u>FT. Lauderdale FL</u>	
Zip <u>33304</u>	Country <u>Florida</u>	Zip <u>33304</u>	Country <u>Florida</u>

4. FEI Number <u>650895314</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Spiegel and Utter PA

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

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

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE 5/2/03

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Son Mang</u> <u>710 NE 15th Ave</u> <u>FT Lauderdale FL, 33304</u>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 5/2/03 DAYTIME PHONE # 954-294-3292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)