

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

DOCUMENT # <u>999000011880</u> Entity Name <u>Telephony Communications Group</u>	
---	--

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> Suite, Apt. #, etc.	3. Mailing Address <u>1007 N Federal Hwy</u> Suite, Apt. #, etc. <u>PMB #77</u>
City & State <u>FT. Lauderdale FL</u>	City & State <u>FT. Lauderdale FL</u>
Zip <u>33304</u>	Zip <u>33304</u>
Country <u>Florida</u>	Country <u>Florida</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>650895314</u>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name <u>Spiegel and Utrera, PA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>343 Alchambrs Circle</u>	
City <u>Carol Gables</u>	Zip Code <u>33134</u>

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. <input type="checkbox"/> \$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>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>000013084740</u> <u>05/15/03--01052--003 **300.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

CR2E034B (12/02)