2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13 2001 8:00 am

1. Enlity Name TELECOM MANAGEMENT SERVICES, INC.					Secretary of State 02-13-2001 90042 009 ***150.00		
O THOMAS I	ce of Business RUFFIN III, ESQ. S CREEK ROAD SUITE 900 E FL 33309	Mailing Address C/O THOMAS RUFFIN III. ESQ. 100 W CYPRESS CREEK ROAD SUITE 900 FT LAUDERDALE FL 33309			715542		
_ /) '	Place of Business	3. Mailing Address Clo Vivainia	Vell.				
Suite, Apt. #, etc. 5182 NW 74m Ct.		Suite Apt. #, etc. 5182 NW 74 th Ct			DO NOT WRITE IN THIS SPACE		
City & Stat		Coconut Cre	ek, FL	1	J. FEI Number 65-0917979		oplied For ot Applicable
Zip 330	73 Country SA	^{Zip} 33073	Country	} 5		8.75 Add	
	6. Name and Address of Current			7.	. Name and Address of New Registered A	gent	
RUFFIN, THOMAS III C/O THOMAS RUFFIN III, ESQ. 100 W CYPRESS CREEK ROAD SUITE 900 FT LAUDERDALE FL 33309			Street A	Street Address (P.O. Box Number is Not Acceptable)			
110	AODENDALE I E 00005		City		FL	Zip Code	e
Tax filing i	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW	E: Registered Agent signated !!! FEE IS \$150.0 001 Fee will be \$5 ble to Department	00 550.00	DATE 10. Election Campaign Financing Trust Fund Contribution.		May Be
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D KELLY, VIRGINIA C 100 W CYPRESS CREEK ROAD FT LAUDERDALE FL 33309	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	nia C. Kelly NW 74th Ct.	DIRECTORS Change	S IN 11 Addition
TITLE " NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon	□ Delete*	NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	□ Delete	TIȚLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VIRGINIA C. KELLY

2-6-01 954-421-0838

Daytime Phone #