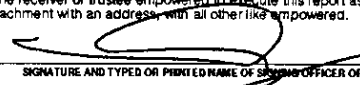


FILED
CLERK OF STATE
DIVISION OF CORPORATION
03 MAR 27 AM 10:38

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000055753			
1. Entity Name E. TELECOM INC.			
Principal Place of Business 35008 EMERALD COAST PARKWAY, 4TH FLOOR DESTIN, FL 32541		Mailing Address 35008 EMERALD COAST PARKWAY, 4TH FLOOR DESTIN, FL 32541	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3587152		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARLEY, MICHAEL 35008 EMERALD COAST PKWY. DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☒ Change ☐ Addition	
BEEBE, JOHN 66 ACACIA SANTA ROSA BEACH, FL 32649		P 166 Acacia	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☒ Change ☐ Addition	
VARLEY, MICHAEL R PO BOX 6234 DESTIN, FL 32550		S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☒ Delete		☐ Change ☐ Addition	
GCWALT, GREGORY S 700 SHORE DR DESTIN, FL 32550			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☒ Addition	
		Williams, James R 726 Forest Shore Dr. Destin, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3-26-03 850-650-8506	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CH2E034 (10/02)