

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 08, 2004
Secretary of State

DOCUMENT# P99000070201

Entity Name: IP TELESERVICES, INC.

Current Principal Place of Business:

855 SW 78TH AVE.
PLANTATION, FL 33324

New Principal Place of Business:

667 OCEAN BLVD.
GOLDEN BEACH, FL 33160

Current Mailing Address:

855 SW 78TH AVE.
PLANTATION, FL 33324

New Mailing Address:

667 OCEAN BLVD.
GOLDEN BEACH, FL 33160

FEI Number: 65-0943961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARDES, MICHAEL
855 SW 78TH AVE.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

PARDES, MICHAEL
667 OCEAN BLVD.
GOLDEN BEACH, FL 33160 US

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: MICHAEL PARDES

12/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIEBOWITZ, TED
Address: 855 SW 78TH AVE.
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: PARDES, MICHAEL
Address: 855 SW 78TH AVE.
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: MARKOWITZ, HOWARD
Address: 855 SW 78TH AVE.
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: LIEBOWITZ, SARA
Address: 855 SW 78TH AVE.
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: BRAFF, NELSON
Address: 855 SW 78TH AVE.
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PARDES

PRES

12/08/2004

Electronic Signature of Signing Officer or Director

Date