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Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90122 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107179

1. Entity Name
MAR.MAR TELECOM, INC.

10054653

Principal Place of Business	Mailing Address
% ALEXANDER REUS 5201 BLUE LAGOON DR., SUITE 100 MIAMI, FL 33126	POST OFFICE BOX 2183 HALLANDALE, FL 33008

2. Principal Place of Business	3. Mailing Address
	% NORBERT DOMANSKY
Suite, Apt. #, etc.	Suite, Apt. #, etc. JULIUS-HAERLIN-STR. 3
City & State	City & State GAUTING
Zip / Country	Zip 82131 / Country GERMANY

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0967132 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REUS, ALEXANDER ESQ. 5201 BLUE LAGOON DR., STE. 601 MIAMI, FL 33126	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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	DP DOMANSKY, NORBERT 2875 N.E. 191ST STREET, SUITE 601 AVENTURA, FL 33180	☒ Delete	DP DOMANSKY NORBERT JULIUS-HAERLIN-STR. 3 GAUTING - GERMANY - 82131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEILER, GUENTER 2875 N.E. 191ST STREET, SUITE 601 AVENTURA, FL 33180	☒ Delete	S DOMANSKY JUTTA JULIUS-HAERLIN-STR. 3 GAUTING - GERMANY - 82131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norbert Domansky — 3-27-03 — 49 89 8507264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #