2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P99000108821** 1. Entity Name TELLY COMMUNICATIONS, INC. 04-27-2000 90092 040 ***150.00 Principal Place of Business Mailing Address ATTN: NANCY R. KISSANE ATTN: NANCY R. KISSANE 8902 NORTH DALE MABRY HIGHWAY. SUITE 102 8902 NORTH DALE MABRY HIGHWAY, SUITE 102 TAMPA FL 33614 TAMPA FL 33614 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2074049 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KISSANE, JAMES M Box Number is Not Acceptable) Communications TELLY COMMUNICATIONS, INC. 8902 NORTH DALE MABRY HIGHWAY, SUITE 102 8902 N. Dale Masry **TAMPA FL 33614** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE KISSANE, NANCY R NAME 8902 NORTH DALE MABRY HIGHWAY, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33614** TITLE Change ☐ Addition Delete TITLE NAME KISSANE, JAMES M NAME STREET ADDRESS 8902 NORTH DALE MABRY HIGHWAY, SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** ☐ Addition Delete TITLE TITLE ARTHUR, JOHN NAME NAME 8902 NORTH DALE MABRY HIGHWAY, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** ☐ Addition ☐ Change Delete TITLE TITLE LAZARUS, NORMA NAME NAME STREET ADDRESS 8902 NORTH DALE MABRY HIGHWAY, SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ani

CITY-ST-7IP

SIGNATURE:

FILED