2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) S18828 **DOCUMENT #** 1. Entity Name WIRELESS TELECOM, INC.



FILED Apr 23, 2003 8:00 am Secretary of State
04-23-2003 90108 024 ***150.00

				GO WE TRES						
Principal Place of Business 7522 N. 40TH STREET TAMPA FL 33604 US		Mailing Address 7522 N. 40TH STREET TAMPA FL 33604 US								
2. Principal Place of Business 3. Mailing Addre						100414810 101 11066 10181 10116 111 	8 8 0 0 8	i .		
ŧ, etc.		Suite, Apt. #, etc.				CHECK HERE	IF MAKING	G CHANGES		
· · · · · · · · · · · · · · · · · · ·		City & State			4.	4. FEI Number 59-3041366 Applied For Not Applicable				
	Country	Zìp	try	5.			\$8.75 Add	itional		
6. Name	and Address of Currer	Registered Agent		7						
		·····•		Name					,	
UL R.			Street Addres			(P.O. Box Number is Not Acceptable)				
33604										
				City			FL	Zip Code		
		for the purpose of changing it	s registere	ed office or regis	stered a	gent, or both, in the State of Flo	orida. I am	familiar with,	and accept	
Signature, typed	; or printed name of registered age	nt and title if applicable. (NO	TE: Registere	d Agent signature requ	ired when	reinstating)	DATE			
May 1, 20	3 Fee will be \$550.00	P.				, -			May Be to Fees	
	OFFICERS AN	D DIRECTORS	11.		A	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
4502 E KI	rkland road	□ Delete	NAM STRE	E ET ADDRESS				☐ Change	☐ Addition	
		☐ Delete	NAM STRE	ET ADDRESS				☐ Change	☐ Addition	
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	ace of Busing, etc. 6. Name UL R. TH ST 33604 LE NOW!! May 1, 200 Payable to PD LECLAIR, 4502 E KII PHOENIX	Country 6. Name and Address of Currer AUL R. TH ST 33604 Country 6. Name and Address of Currer AUL R. TH ST 33604 Country Count	TREET TAMPA FL 33604 US ace of Business a. Mailing Address f. etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent UUL R. TH ST 33604 The ST 33604 The Now!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS PD LECLAIR, MARC G. P 4502 E KIRKLAND ROAD PHOENIX AR 85050 Delete Delete Delete	TAMPA FL 33604 US ace of Business 3. Mailing Address 4, etc. City & State Country Zip Country Zip Country AUL R. TH ST 33604 CNTH ST Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent. Signature, typed or printed name of registered agent and title if applicable. LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS PD Delete TITUL NAM STRE CITY Delete	TAMPA FL 38504 US ace of Business 3. Malling Address 4, etc. Suite, Apt. #, etc. City & State Country Zip Country Agent City & State Country 6. Name and Address of Current Registered Agent Name Street Address Street Address Street Address City Cit	TAMPA FL 38604 US ace of Business 3. Malling Address 4. Country Country Zip Country Jip Country Street Address of Current Registered Agent Name Street Address (P.O. City & State A. Name Street Address (P.O. City Annead entity submits this statement for the purpose of changing its registered office or registered agent Signature, lypead or printed name of registered agent and title if applicative LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 May 1, 2004 Fee Manue OFFICERS AND DIRECTORS 11. APPO LECLAIR, MARC G. P SIREET ADDRESS CITY-ST- ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZIP Delete SIREET ADDRESS CITY-ST- ZIP	TAMPA FL 33604 Social Business 3. Mailing Address J. etc. Chy & State Country Zip Country Zip Country S. Centificate of Status Desired 8. Name and Address of Current Registered Agent Name Name Stroot Address (P.O. Box Number is Not Acceptable) City City	TAMPA FL 38504 W TAMPA FL 38504 US 3. Malling Address I, etc. Suite, Apt. #, otc. City & State 4. FEI Number 59-3041366 Country Zip Country 5. Certificate of Status Desired City & State 59-3041366 8. Name and Address of Current Registered Agent Name Name Name Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name	TAMPA FL 3800 US acc of Business 3. Mailing Address	

r riereby 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 expowered 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 attachage with an againsts, with all other like empowered.

SIGNATURE:

Daytime Phone #