


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000000496
 1. Entity Name
TOTAL CALL INTERNATIONAL, INC.



Principal Place of Business 707 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90071	Mailing Address 1720 WINDWARD CONCOURSE STE 250 ALPHARETTA, GA 30005
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04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0858351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NATIONAL CORPORATE RESEARCH, LTD., INC.
 103 N. MERIDIAN STREET
 TALLAHASSEE, FL 32301-0000

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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: *Mark A. Leafstedt* DATE: 4/9/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000114398
 04/15/04-80048-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEAFSTEDT, MARK 707 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCSD INA, DANNY 707 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90071
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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 of the information required.

SIGNATURE: *Mark A. Leafstedt* DATE: 4/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

213-229-0910
Daytime Phone #