


FILED

08 FEB 25 PM 1:17

2008 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F0000000496			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 107. W. Michigan	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4th Floor	
City & State		City & State Kalamazoo, MI	
Zip	Country	Zip 49007	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		Name CT Corporation System	
		Street Address (P.O. Box Number is Not Acceptable)	
		1200 South Pine Island Rd.	
		City Plantation FL Zip Code 33324	
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 		Samantha Jones Assistant Secretary	
Date		2-1-2008	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600118742646 02/25/08--01034--024 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCSO INA, DANNY 707 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 2/14/08 (213) 995-9700	

REINSTATEMENT RH 1-08