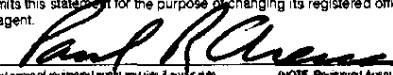
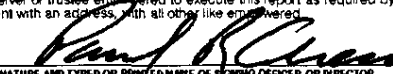


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90944 034 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80080616

DOCUMENT # F02000003369		
1. Entity Name 12 TELECOM INTERNATIONAL, INC.		
Principal Place of Business 2443 N.E. 25TH STREET LIGHTHOUSE POINT, FL 33064		Mailing Address 2443 N.E. 25TH STREET LIGHTHOUSE POINT, FL 33064
2. Principal Place of Business 301 YAMATO RD SUITE 2112 BOCA RATON FL 33431 PALM BEACH		3. Mailing Address 301 YAMATO RD SUITE 2112 BOCA RATON FL 33431 PALM BEACH
4. FEI Number 02-0552547		Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ARENA, PAUL R 2443 N.E. 25TH STREET LIGHTHOUSE POINT, FL 33064		7. Name and Address of New Registered Agent 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  DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when instituting.)		
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	PSCD ARENA, PAUL R 2443 N.E. 25TH STREET LIGHTHOUSE POINT, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SFO Rosa, Russell 1809 St. Andrews Rd Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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:  DATE 4.8.03 DAYTIME PHONE # 561.994.5379		

CR2E034 (10/02)