

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -8 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F06000000495					
1. Entity Name TOTAL CALL MOBILE, INC.					
Principal Place of Business 707 WILSHIRE BOULEVARD 12TH FLOOR LOS ANGELES, CA 90017			Mailing Address 707 WILSHIRE BOULEVARD 12TH FLOOR LOS ANGELES, CA 90017		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 84-1688806	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLANTON, EDWIN F 810 THOMASVILLE RD TALLAHASSEE, FL 32303			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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	CHRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAFSTEDT, MARK			NAME	
STREET ADDRESS	707 WILSHIRE BOULEVARD 12TH FLOOR			STREET ADDRESS	500112051555
CITY-ST-ZIP	LOS ANGELES, CA 90017			CITY-ST-ZIP	11/07/07--01003--020 **150.00
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAFSTEDT, MARK			NAME	
STREET ADDRESS	707 WILSHIRE BOULEVARD 12TH FLOOR			STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90017			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ING, DANNY			NAME	
STREET ADDRESS	707 WILSHIRE BOULEVARD 12TH FLOOR			STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90017			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 empowers.					
SIGNATURE: <u>Mark S. Leafstedt</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	

11/9 aw