

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91191 032 ***150.00

DOCUMENT # L52096

1. Entity Name

Telecom Reseller, Inc.

Principal Place of Business

c/o Charlotte Kluge
 5501 50th Way
 Coconut Creek, FL 33073

Mailing Address

c/o Charlotte Kluge
 5501 50th Way
 Coconut Creek, FL 33073

2. Principal Place of Business

37 Estambre Road

3. Mailing Address

37 Estambre Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Santa Fe, NM

City & State

Santa Fe, NM

4. FEI Number

65-0188734

Applied For

Not Applicable

Zip Country

87505 USA

Zip Country

87505 USA

6. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

Barrie R. Hitchcock
 5501 NW 50th Way
 Coconut Creek, FL 33073

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 (a) registered office or registered agent, or both, in the State of Florida.

SIGNATURE Barrie R. Hitchcock
Signature, typed or printed name of registered agent and title if applicable.

Barrie R. Hitchcock
(MOT) Registered Agent Signature (required when registering)

5/11/01
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	Kluge, Charlotte	
STREET ADDRESS	5501 NW 50th Way	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	S	<input type="checkbox"/> Delete
NAME	Kluge, Kenneth	
STREET ADDRESS	5501 NW 50th Way	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	37 Estambre Road	
CITY-ST-ZIP	Santa Fe, NM 87505	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	37 Estambre Road	
CITY-ST-ZIP	Santa Fe, NM 87505	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte Kluge
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Charlotte Kluge 5/17/01