

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90063 010 \*\*\*150.00

**DOCUMENT # P96000039673**

1. Entity Name  
**EPHONE TELECOM, INC.**

Principal Place of Business  
**1145 HERNDON PARKWAY  
 HERDON VA 20170**

Mailing Address  
**1145 HERNDON PARKWAY  
 HERDON VA 20170**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**980204749**  
**65-0815042**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEMS  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>TAGLIATELA, CARMINE JR</b>	
STREET ADDRESS	<b>10430 DEERFOOT DR</b>	
CITY-ST-ZIP	<b>GREAT FALLS VA 22066</b>	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, CHARLIE</b>	
STREET ADDRESS	<b>1622 W. <del>STANFORD</del> <i>PETUNIA PLACE</i></b>	
CITY-ST-ZIP	<b>TUCSON AZ 85737</b>	
TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>CLARKE, ROBERT G</b>	
STREET ADDRESS	<b>49 MT DAVIS ROAD</b>	
CITY-ST-ZIP	<b>HONG KONG, CHINA</b>	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	<b>FRASER, JOHN</b>	
STREET ADDRESS	<b>104 ELM AVE</b>	
CITY-ST-ZIP	<b>TORONTO, ONTARIO M4W -1F2</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CARMINS, SHELDON B</b>	
STREET ADDRESS	<b>10220 RIVER ROAD</b>	
CITY-ST-ZIP	<b>POTOMAC MD 20854</b>	
TITLE		<input type="checkbox"/> Delete
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
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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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/02** **703-**  
**797-7006**  
 Date Daytime Phone #

CR2E034 (9/01)