2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

521108 **DOCUMENT #**

1. Entity Name

BOERNER COMMUNICATIONS INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91460 019 ***158.75

PRIOR, HARTY E 101 N LEMON ST TARPON SPRINGS FL 34689 8. If In above named criticy submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the Chipatons of registered agent or resolution or registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent or resolution of registered agent or resolution or registered agent, or both, in the State of Florida. I am familiar with, and accept the resolution of registered agent or resolution or registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent or registered agent or registered agent	BOERIAEN GOIMMONIOATIONO, MAG.						
Suite, Apt. #, etc. City & State City & State Currry S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required Stept Address (P.O. Box Number is Not Acceptable) City In the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11. MAKE STREET ADDRESS GITY-51-2P MINEQUA NY 11501 Delete STIDE DERMER, MARY ANN BOERNER, MARY ANN BOERNER, MARY ANN BOERNER, MARY E. ITILE NOWE PRIOR, HARRY E. ITILE NOWE PRIOR, HARRY E. ITILE NOWE PRIOR, HARRY E. ITILE NOWE TITLE NOWE PRIOR, HARRY E. ITILE NOWE STREET ADDRESS STREET AD	510 S. HIGHLAND AVE CLEARWATER FL 34616		MANHASSET NY 11030		cr.		
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Country Zip Country S. Certificate of Status Desired \$8.75 Addition \$8.75 Addit	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent PRIOR, HARRY E 101 W LEMON ST TARPON SPRINGS FL 34689 City FL Zip Code R. 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State SIGENATURE STREET ADDRESS CITY-ST-2P FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State SIGENATURE STREET ADDRESS CITY-ST-2P FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State SIGENATURE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE VP. STREET ADDRESS CITY-ST-2P TITLE VP. JOHN CHANGE STO OFFICERS AND DIRECTORS TITLE Delete TITLE VP. JOHN CHANGE STO OFFICERS AND DIRECTORS TITLE JOHN STREET ADDRESS CITY-ST-2P TITLE VP. JOHN CHANGE STO OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-2P TITLE JOHN STREET ADDRESS CITY-ST-2	City & State		City & State			4. FEI Number 59-1710568	
PRIOR, HARRY E 101 W LEMON ST TARPON SPRINGS FL 34689 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 agent agent agent agent and title il applicable. (NOTE: Registered Agent signature required when reincistring) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE NAME STREET ADDRESS CITY-ST-2P MINECULA NY 11501 Delete TITE OFFICERS AND DIRECTORS TITE OFFICERS OFFI-ST-2P TITE OFFICERS OFFI-ST-2P TITE OFFICERS OFFI-ST-2P TITE OFFICERS OFFI-ST-2P Addition NAME SIRET ADDRESS OFFI-ST-2P Addition NAME SIRET ADDRESS OFFI-ST-2P Addition NAME SIRET ADDRESS OFFI-ST-2P ADDITIONS OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFFI	Zip	Country	Zip	Country			
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TARPON SPRINGS FL 34689 City FL Zip Code 6. 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 and tite it applicable. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME PD OBERICAN BORNER, HENRY L SIRRET ADORESS CITY-ST-ZIP TITLE STD OBERICAN BARY ANN SIRRET ADORESS CITY-ST-ZIP PRIOR, HARRY E. ITILE OBERICAN STREET ADORESS CITY-ST-ZIP TITLE OBERICAN STREET ADORESS CITY-ST-ZIP OBERICAN STREET ADORESS CITY-ST-ZIP OBERICAN STREET ADORESS CITY-ST-ZIP TITLE OBERICAN STREET ADORESS CITY-ST-ZIP OBERICAN STREET ADORESS CITY-ST-ZIP OBERICAN STREET ADORESS CITY-ST-ZIP TITLE OBERICAN STREET ADORESS CITY-ST-ZIP OBERICAN STREET ADORESS CITY-ST-ZIP TITLE OBERICAN STREET ADORESS CITY-ST-ZIP OBERICAN	The state of the s			Name -		•	
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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 recent of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this recent of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this recent of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this recent of the exemption stated in Section 119.07(3)(ii). Florida Statutes in made under onthis that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP	portify that the information aurollard with		NAME STREET ADDRESS CITY-ST-ZIP	end in Soot		

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.