2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 841391** 1. Entity Name ADVOCATE COMMUNICATIONS, INC. 01-30-2001 90176 031 ***150.00 Principal Place of Business Mailing Address 12409 N.W. 35TH STREET 12409 N.W. 35TH STREET CORAL SPRINGS FL 90505-4723 CORAL SPRINGS FL 90505-4723 **UNDITURY** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 61-0927125 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAGANO, JAMES J Street Address (P.O. Box Number is Not Acceptable) 12409 N.W. 35TH ST. **CORAL SPRINGS FL 33065** Zip Code FL 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 Fiorida. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE TITLE ☐ Delete ☐ Addition ☐ Change SWAIN, ENOS NAME NAME STREET ADDRESS 326 WALUNT ST STREET ADDRESS CITY-ST-ZIP DANVILLE KY CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FTIZPATRICK, MICHELLE NAME STREET ADDRESS 12409 N.W. 35 ST. STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP **CORAL SPRINGS FI** Delete -TITLE Change ■ Addition ANDERSO, BARBARA A. NAME NAME STREET ADDRESS STREET ADDRESS 326 WALUNT ST CITY-ST-ZIP CITY-ST-ZIP DANVILLE KY PTD TITLE Delete TITLE Change ☐ Addition SCHURZ, MARY NAME STREET ADDRESS 326 WALNUT ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DANVILLE KY TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, JOHN T. NAME NAME STREET ADDRESS 326 WALNUT ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANVILLE KY TITLE ☐ Delete TITLE ☐ Change Addition NAME PAGANO, JAMES J NAME STREET ADDRESS 12409 NW 35TH ST. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CORAL SPRINGS FL 33065 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: TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR