

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H23511

1. Entity Name

METROPOLITAN COMMUNICATIONS, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90085 032 \*\*\*150.00

Principal Place of Business 11814 NORTH 56TH STREET SUITE "B" TAMPA FL 33617 US	Mailing Address <del>7101 COVE PLACE</del> → P.O. Box #47 <del>TAMPA FL 33617-1801</del> → Tampa, FL 33607 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>59-2459823</b>	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>WALKER, LAURA L</b> <b>3907 NORTH BOULEVARD</b> <b>TAMPA FL 33603</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRIST, VICTOR DONALD</b> <del>7101 COVE PLACE</del> → <del>TAMPA FL</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio <b>P.O. Box # 47058</b> <b>Tampa, FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>CRIST, VICTOR DONALD</b> <del>7101 COVE PLACE</del> → <del>TAMPA FL</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio <b>P.O. Box # 47058</b> <b>Tampa, FL 33647</b>
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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] **President/CEO** Date: **1-15/2000** Daytime Phone #: **(913) 981-2733**