

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90046 021 ***150.00

2/7/03 AV

DOCUMENT # H23511

1. Entity Name
METROPOLITAN COMMUNICATIONS, INC.



Principal Place of Business
**11814 NORTH 56TH STREET
SUITE #3
TAMPA FL 33617
US**

Mailing Address
**P.O. BOX #47058
TAMPA FL 33617
US**

90015030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
7101 Cove Place

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33617

Country
Hillsborough

Country

4. FEI Number
59-2459823

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALKER, LAURA L
3907 NORTH BOULEVARD
TAMPA FL 33603**

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 its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIST, VICTOR DONALD PO BOX #47058 TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CRIST, VICTOR DONALD PO BOX #47058 TAMPA FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, when all other like empowered.

SIGNATURE: *Victor Crist* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/24/03** **(813) 988-8206** **Date** **Daytime Phone #**

CR2E034 (10/02)