

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K95549 1. Entity Name GATEWAY COMMUNICATIONS SERVICES, INC.			
Principal Place of Business 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134 US		Mailing Address 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
4. FEI Number 65-0133017		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIVIEN N. HASTINGS 24301 WALDEN CENTER DRIVE STE. 300 BONITA SPRINGS, FL 34134		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 _____ DATE _____ <small>Signature, officer or named name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when removing)</small>			
FILE NOW!!! FEES \$150.00 After May 1, 2003 fees will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLINN, MILTON G <input checked="" type="checkbox"/> Delete 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Charles E. Braysington <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24301 Walden Center Drive Bonita Springs, FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HASTINGS, VIVIEN <input type="checkbox"/> Delete 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ADELMAN, STEVEN C <input type="checkbox"/> Delete 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIETZ, JAMES P <input type="checkbox"/> Delete 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CULLEN, JAMES D <input type="checkbox"/> Delete 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GISLASON, ROBERT <input type="checkbox"/> Delete 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	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, with all other like empowered.			
SIGNATURE: <i>Vivien Hastings</i> Vivien N. Hastings, Secretary		03/25/03 (239) 498-8605	

CR2E034 (10/02)