

FILED
Mar 10, 2002 8:00 am
Secretary of State

02-05-2002 90119 031 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015958

1. Entity Name
ALPHA-OMEGA COMMUNICATIONS, LLC

Principal Place of Business
700 LYONS LANE
LONGBOAT KEY FL 34228

Mailing Address
P.O. BOX 69
BRADENTON BEACH FL 34217

2. Principal Place of Business
595 BAY ISLES ROAD
Suite, Apt. #, etc.
120-E

3. Mailing Address
595 BAY ISLES ROAD
Suite, Apt. #, etc.
120-E



DO NOT WRITE IN THIS SPACE

City & State
LONGBOAT KEY, FL

City & State
LONGBOAT KEY, FL

Zip
34228

Country
USA

Zip
34228

Country
USA

4. FEI Number
65-1138004

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
EATRIDES, JAMES A
700 LYONS LANE
LONGBOAT KEY FL 34228

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES A. EATRIDES 700 LYONS LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL H. CASWELL 731 EMERALD HARBOR DRIVE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 2/1/02 941-383-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)