2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N09968** 1. Entity Name AMPA TELECOM PARK OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3003 9TH STREET NORTH 3003 TAMIAMI TRAIL NORTH SUITE 400 SUITE 400 NAPLES FL 34103 NAPLES FL 34103

FILED May 08, 2002 8:00 am Secretary of State 05-08-2002 90166 031 ****61.25

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Principal Place of Business 3. Mailing Address					, .						
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State						4. FEI Nun	4. FEI Number 59-2777936 Applied For				
Zip Country Zip			Zip	Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current Re	egistered Agent			7 Name a	nd Address of I	New Registered	•	2 0	
-			giotorea rigoria		Name	7. Name a	ild Address of I	vew negistered	Agent		
					<u>,-</u> -						
					Street Address (P.O. Box Number is Not Acceptable)						
						·	18/11			-	
NAPLES FL 33940					City			FL	_ Zip Cod	et	
8. The above named entity submits this statement for the purpose of changing its regist-					d office or regis	stered agent, or h	ooth in the state		-		
	•		- property and the	- 10g.0.0.0	a omeo or reg.	dicrea agent, or i	Join, in the state	orriona.			
SIGNATURE								_			
	Signature, typed	or printed name of registered agent and	title if applicable. (NO	TE: Registered	Agent signature requ	uired when reinstating)		DATE			
		:									
FILE NOW: FEE IS \$61.25								k Payable	ble to		
6. Name and Address of Current Registered Registered Agent and to STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP SD NAME STREET ADDRESS CITY-ST-ZIP STAMFORD CT SD NAPLES FL 34103 TITLE SD NAME STREET ADDRESS CITY-ST-ZIP STAMFORD CT SD NAPLES FL 34103 TITLE SD NAME STREET ADDRESS CITY-ST-ZIP STAMFORD CT SD NAPLES FL 34103 TITLE SD NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 TITLE D CARTER, JON 1 EAST TELECOM PARKWAY		Trust Fund Contribut		on.	Added to Fee	Added to Fees Depa			artment of State		
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STREET ADDRESS	3003 TAMI/	AM TRAIL N, STE 400		STREET	ADDRESS						
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		LECOM PARKWAY		STREET	ADDRESS						
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		1, JOHN 1) AMI TRAIL NORTH, #400		NAME	ADDRESS COI	MA TAM	1461 D	11 11 etc	lles		
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indicated	on this report	information supplied with this or supplemental report is tru	s ming does not qualify for e and accurate and that n	r the exem _l ny signatur	ption stated in : re shall have th	Section 119.07(3))(i), Florida Statu	ites. I further cert	ify that the in	iformation	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

SIGNATURE AND TYPES OR PRINTED NAME OF STAINING OFFICER OF DIRECTOR DIRECTOR DIRECTOR