U491062

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90048 050 ***150.00

DOCUMENT # P97000011459

1. Entity Name
TMA COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
9 HILTON HAVEN DRIVE KEY WEST FL 33040	P.O. BOX 2970 KEY WEST FL 33045

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	9 Hilton haven
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Key WEST Fl
Zip: 33040 Country: monroe	Zip: 33040 Country: U.S.A.

4. FEI Number 65-0729548 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMADDIO, TERESA
9 HILTON HAVEN DRIVE
KEY WEST FL 33045

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City [illegible] Zip Code 33040

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
Signature, typed or printed name of registered agent and title if applicable (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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS AMADDIO, TERESA P.O. BOX 2970 N/A KEY WEST FL 33045 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS Amaddio Teresa 9 Hilton haven Key WEST Fl 33040 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Teresa Amaddio 4-25-01 305-294-0568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)