2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90224 021 ***150.00

DOCUMENT # P97000020967

1. Entity Name
ADVANCED COMMUNICATIONS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
~~19200 VON KARMAN AVE.~~ ~~SUITE 500 OFFICE 32~~ ~~IRVINE CA 92604~~	~~19200 VON KARMAN~~ AVE. ~~SUITE 500 OFFICE~~ 32 ~~IRVINE CA 92604~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
880 APOLLO STREET	880 APOLLO Street
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: Suite 200
City & State: EL SEGUNDO, CA	City & State: EL SEGUNDO, CA
Zip: 90245 Country: USA	Zip: 90245 Country: USA

4. FEI Number: 65-0738251 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LICHTMAN, JONATHAN J P.A.
4800 N. FEDERAL HIGHWAY
SUITE D-100
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: LICHTMAN, JONATHAN J P.A.
Street Address (P.O. Box Number is Not Acceptable): 120 PALMETTO PARK ROAD
SUITE 100
City: BOCA RATON FL Zip Code: 33432

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)

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, 2002 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	CEOD MAY, ROGER 19200 VON KARMAN AVE. IRVINE CA 92604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD DANSON, WAYNE I 315 W. 57TH ST., SUITE 501 NEW YORK NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 420 LEXINGTON AVENUE, SUITE 2738 N.Y. N.Y. 10170
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDO ROCHE, WILBANK J 2530 WILSHIRE BLVD., SUITE 200 SANTA MONICA CA 90403-4616	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LICHTMAN, JONATHAN J 4800 N FEDERAL HIGHWAY, D-100 BOCA RATON FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 120 PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FLA 33432
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PROUTY, RANDALL 1900 DECKER SCHOOL LANE MALIBU CA 90265-2339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINCH, MICHAEL R DR. 37 WALNUT ST., 10 WELLESLEY MA 02481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED 4/29/02 646-227-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #