

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90141 045 ***150.00

DOCUMENT # P98000010049

1. Entity Name

NETCOMP COMMUNICATIONS GROUP, INC.

Principal Place of Business

Mailing Address

350 SOUTHEAST 13TH AVENUE
 POMPANO BEACH FL 33060

350 SOUTHEAST 13TH AVENUE
 POMPANO BEACH FL 33060-7616

2. Principal Place of Business

3. Mailing Address

2005 W. Cypress Creek Rd

Suite, Apt. #, etc.
Ste 205

Suite, Apt. #, etc.

City & State

City & State

FT Lauderdale

Zip
33309-1835

Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0809319**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name *Joseph A. Osborne*

Street Address (P.O. Box Number is Not Acceptable)
350 SE 13th Ave.

City *POMPANO Beach* FL Zip Code *33060*

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 *Joseph A. Osborne* ✓

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	OSBORNE, JOSEPH A	350 SOUTHEAST 13TH AVENUE	POMPANO BEACH FL 33060	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joseph A. Osborne*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 #954-771-04a
 Date Daytime Phone #