2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000010049



FILED Apr 18, 2003 8:00 am Secretary of State

1. Entity Name NETCOMP COMMUNICATIONS GROUP, INC.				04-18-2003 90223 025	***150.0	00
2005 W CYPR STE 205 FORT LAUDER	ce of Business RESS CREEK RD RDALE FL 33309	Mailing Address 2005 W CYPRESS CREEK F STE 205 FORT LAUDERDALE FL 333				
2. Principal F 2034 Suite, Apt.	Place of Business J. Cypness Crock Rd #, etc.	3. Mailing Address 2003 W. Cypres Suite, Apt. #, etc.	s Creshed			04840 1014 1001
10	1	/07		CHECK HERE IF MAKING		
FE.	handerdale A	FE. Laudera	lak	4. FEI Number 65-0809319	No	oplied For ot Applicable
^{Zip} 333	308 Country	^{Zip} 33309	Country		8.75 Add ee Require	
	6. Name and Address of Current F	Registered Agent	None	7. Name and Address of New Registered A	gent	
	and the same of th	ran Salah dan kalendar	Name	والمحادة ويعادها بداعيتها بالمحري وعجري دراج بوري ي	يشان است	- · .
OSBORNE, JOSEPH Street Address (F				s (P.O. Box Number is Not Acceptable)		
	O BEACH FL 33060				·	
I OM AN	O BEROTT E COOCO		City	FL.	Zip Code	e
<u> </u>		 _				
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or regist	ered agent, or both, in the State of Florida. I am fa	ımılıar with,	and accept
1-1						
SIGNATURE .						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature requir	red when reinstating) DATE		
F Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00		Registered Agent signature requir	9. Election Campaign Financing		0 May Be
F Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	Added	to Fees
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Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD OSBORNE, JOSEPH A 350 SOUTHEAST 13TH AVENUE	State DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	9. Election Campaign Financing Trust Fund Contribution.	Added	to Fees
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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 of trustee empowered to execute his report as required by Chapter 607, 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.

CITY-ST-ZIP

SIGNATURE: 1

CITY-ST-ZIP

OFFICER OR DIRECTOR