FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 19, 2000 8:00 am Secretary of State DOCUMENT # P99000015808 1. Entity Name S & G COMMUNICATIONS, INC. 02-19-2000 90003 046 ***150.00 Mailing Address Principal Place of Business 4625 EAST BAY DRIVE 4625 EAST BAY DRIVE C0019555 SUITE 302 SUITE 302 CLEARWATER FL 33764 CLEARWATER FL 33764-5747 3. Mailing Address Principal Place of Business #301 Sam<u>e</u> East Bay dr DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-3568606 Applied For City & State Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required Dinellas Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steve ACCOUNTING & TAX HELP, INC. 8668 PARK BLVD. 4625 East Bay dr. #302 SUITE A SEMINOLE FL 33777 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 Y FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRUS IDENT ☐ Addition Delete TITLE TITLE STEVEN ROAD NAME NAME #302 4625 EAST BAY DE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME 1625 EAST BAY DR #302 STREET ADDRESS STREET ADDRESS LUAR WATER FL 33764 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 attachaptent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodd

1-10-00 727-533-8029

Daytime Phone # _