FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **DOCUMENT # V65173** 1. Entity Name 05-17-2001 91309 001 ***550.00 PAGING & COMMUNICATIONS, INC. Principal Place of Business Mailing Address 9039 NW 45TH ST 9039 NW 45 TH ST 658063 SUNRISE FL 33351 SUNRISE FL 33351-338 2. Principal Place of Business 3. Mailing Address 7402 NW 51 01 WAY 2401 NW 51st WA q Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0360565 COLONUT CITEC Not Applicable COCONUT CARCIC \$8.75 Additional 5. Certificate of Status Desired MININGEL Fee Required 7. Name and Address of New Registered Agent ARDIN EDAY HAROLD E. EDDY Street Address (P.O. Box Number is Not Acceptable) 9039 NW 45TH ST SUNRISE FL 33351 7462 N.W. 5187. WAY Zip Code COCCNUT CREEK 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. MARCORD EDDY - PILER, A Change THEE N. W. STAT. WAY TITLE TITLE ☐ Delete EDDY, HAROLD E. NAME NAME STREET ADDRESS 9039 N.W. 45TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Delete TITLE TITLE EDDY, LOIS NAME 7402 N.W. 5147.WAY STREET ADDRESS 9039 N.W. 45 STREET STREET ADDRESS CUCONNT CRUEK, Fl. 33679 CITY-ST-ZIP CITY~ST-ZIP SUNRISE FL TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: