

2000 UNIFORM BUSINESS REPORT (UBR)

5/24

FILED

Jun 28, 2000 8:00 am
Secretary of State

05-24-2000 90044 023 ****61.25
06-28-2000 90048 001 ***355.00

DOCUMENT # 257095

Entity Name
COMMUNICATIONS NETWORK, INC.

R

Principal Place of Business Mailing Address
% J. PENDLETON GAINES
1405 DOLIVE DRIVE
ORLANDO FL 32803 % J. PENDLETON GAINES
1405 DOLIVE DRIVE
ORLANDO FL 32803-1907

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1310179

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAINES, J. PENDLETON
1405 DOLIVE DR.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
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

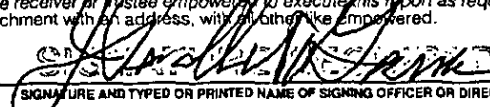
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAINES, J. PENDLETON 1405 DOLIVE DRIVE ORLANDO FL 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GAINES, STELLA D. 1405 DOLIVE DRIVE ORLANDO FL 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GAINES, PATRICIA A. 500 RUBY ORLANDO FL 32804	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POPE, PAMELA 4237 WINDERLAKE DR. ORLANDO FL 32804	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GAINES, DAVIS 6628 LAKERIDGE RD. LOS ANGELES CA 90068	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-00

893-4111

DO NOT WRITE IN THIS SPACE