

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90002 014 \*\*\*158.75

**DOCUMENT # 271157**

1. Entity Name  
**METROPOLITAN COMMUNICATION SERVICES, INC.**

Principal Place of Business P O BOX 1533 PO BOX 1533 MELBOURNE FL 32902	Mailing Address P O BOX 1533 PO BOX 1533 MELBOURNE FL 32902
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2. Principal Place of Business <b>914 E Palmetto Ave</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Melbourne FL</b>	City & State	4. FEI Number <b>59-1009139</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32901</b>	Country	Zip	Country <b>Brevard</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HARRELL, ROBERT H.**  
**914 E. PALMETTO**  
**MELBOURNE FL 32901**

**7. Name and Address of New Registered Agent**

Name <b>N/A</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRELL, ROBERT H</b>		NAME	
STREET ADDRESS <b>914 E. PALMETTO</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MELBOURNE FL</b>		CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>R. SCOTT HARRELL</b>		NAME	
STREET ADDRESS <b>914 E. PALMETTO AVE.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MELBOURNE FL</b>		CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRELL, ROBERT H</b>		NAME	
STREET ADDRESS <b>914 E. PALMETTO</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MELBOURNE FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE OF R. SCOTT HARRELL **1/3/02** **321-223-9300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)