

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91177 037 ***150.00

DOCUMENT # 340909

1. Entity Name
JACKSONVILLE SOUND & COMMUNICATIONS, INC.

Principal Place of Business
5021 STEPP AVE
JACKSONVILLE FL 32216
US

Mailing Address
5021 STEPP AVE
JACKSONVILLE FL 32216
US

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 **59-1229041**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SICK, WILSON W., JR.
8070 LAKECREST DR.
JACKSONVILLE FL 32256

Name

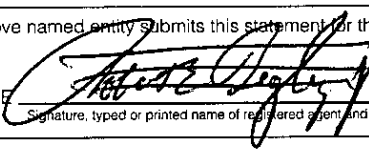
Street Address (P.O. Box Number is Not Acceptable)

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, 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 **DP** ☐ Delete
 NAME **BEGLEY, ROBERT E JR**
 STREET ADDRESS **12338 PLEASURE BAY COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE **SVD** ☐ Delete
 NAME **HUNTER, FREDERICK S**
 STREET ADDRESS **13112 MANDARIN ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD (Delete S)** ☒ Change ☐ Addition
 NAME **Hunter, Frederick S.**
 STREET ADDRESS **P. O. Box 756**
 CITY-ST-ZIP **Oak Hill, Fl. 32759**

TITLE **CTD** ☐ Delete
 NAME **SICK, WILSON W., JR.**
 STREET ADDRESS **8070 LAKECREST DR.**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Sick, Wilson W., III**
 STREET ADDRESS **616 E. Club Circle Dr.**
 CITY-ST-ZIP **Longwood, Fl. 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SV** ☐ Change ☒ Addition
 NAME **Standiford, Carol B.**
 STREET ADDRESS **121 A 13th Avenue S.**
 CITY-ST-ZIP **Jacksonville Beach, Fl. 32250**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
 NAME **Stross, Bryan A.**
 STREET ADDRESS **5832 Bartram Circle S.**
 CITY-ST-ZIP **Jacksonville, Fl. 32207**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Begley, Jr.

4/29/2002

Date

Daytime Phone #

CR2E034 (9/01)