DOCUMENT # 471716

1. Entity Name

STERLING COMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address
2526 Killarney way Tallahassee FL 32308 US	P.O. BOX 14369 TALLAHASSEE FL 32317 US

FILED Apr 16, 2001 8:00 am Secretary of State 04-16-2001 90020 050 ***150.00

TALLAHASSEE US		P.O. BOX 14369 TALLAHASSEE FL 32317 US				ו ווב לונוג ונספו ונסא ומלפו וומנב ווופבו ו	(A)) (A) (A) (A) (A) (A) (A) (A) (A) (A)	1) B 1011 1 00 1	
2. Principal Place of Business 3. Mailing Addre			ess						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & Stat	е	City & State	ity & State		4.	FEI Number 59-1705629		oplied For ot Applicable	
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent					
BRUCE B. TIMM - 3970 CAPITAL CIRCLE NE - SUITE 1 TALLAHASSEE FL 32300			, (Street Address (P.O. Box Number is Not Acceptable) 2526 Killarney Way					
8. The above	named entity submits this stateme			I office or	ahassee registered ag	gent, or both, in the State of Florida.	FL Zip Cod. 3230	8	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FI After MAY 1, 2001 F Make Check Payable to			001 Fee w	rill be \$5	50.00	10. Election Campaign Financin Trust Fund Contribution.		O May Be I to Fees	
11,		AND DIRECTORS	12.		AC	DITIONS/CHANGES TO OFFICERS	S AND DIRECTORS	S IN 11	
TITLE	PD	☐ Delete	TITLE				X Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	s 3370 CAPITAL CIRLCE NE, SUITE 1		NAME STREET CITY-S	ADDRESS T-ZIP		Killarney Way ahassee, FL 32308			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID Delete TIMM, JAN BETH 19370 GAPITAL CIRCLE NE, SUITE 1		TITLE NAME STREET CITY-S	ADDRESS T-ZIP	2526 K	illarney Way assee, FL 32308	(X) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	address 1-zip			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADORESS 1-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S1			119 07/3)(i) Florida Statutos I furth	Change	Addition	

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.

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce B. Timm

4-9-01

850-894-0515