Applied For

\$8.75 Additional

Fee Required

Not Applicable

DOCUMENT # 702817

1. Entity Name

MFA

ORLANDO.

STECK, STEPHEN M

11510 E COLONIAL DRIVE

ORLANDO FL 32817-4699

COMMUNITY COMMUNICATIONS, INC.

Principal Place of Business EAST DRIVE 11510 COLONIAL DR ORLANDO FL 32817-4699

Mailing Address EA 14 P 11510 F COLONIAL DR PRIVE ORLANDO FL 32817-4699 JJ8" MAA

2. Principal Place of Business 11510 EAST COLONIAL PRIVE 11510 EAST COLONIAL DRIVE

3. Mailing Address

Suite, Apt. #, etc. City & State

City & State

Suite, Apt. #, etc

Country

USA 32817-4699

6. Name and Address of Current Registered Agent

MCKENHEY

ORLANDO.

Country USA

FILED Jul 13, 2001 8:00 am Secretary of State

07-13-2001 90004 009 ****61.25

AUUV 16J6



DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent 51ECK STEPHEN MCKENNEY

59-6155012

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

4. FEI Number

11510 EAST COLONIAL

5. Certificate of Status Desired

DRIVE

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

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to **Department of State**

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STECK, STEPHEN M CALL TITLE □ Delete TITLE Change ☐ Addition NAME STECK, STEPHEN MCKENNEY STREET ADDRESS 11510 E COLONIAL DRIVE 11510 EAST COLONIAL DRIVE STREET ADDRESS CITY-ST-7IP ORLANDO FL 32817-4699 CITY-ST-ZIP ORLANDO. FL 32817-4699 Delete TITLE VIVONA, ALDO VIVONA, ALDO NAME NAME ·EA41 STREET ADDRESS 11510 P COLONIAL DRIVE 11510 EAST COLONIAL DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32817-4699 ORLANDO FL*32817-4699 CITY-ST-ZIP LONGSTAFF, G & GEOFFREY ☐ Delete TITLE Change ☐ Addition NAME LONGSTAFF, G. GEOFFREY NAME 634 MOUNNING DOVE GIR. CIRCLE STREET ADDRESS STREET ADDRESS 634 MOURNING DOVE CIRCLE CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-7IP LAKE MARY, FL 32746 GD VC/D Change ☐ Addition SNEAD, PAUL JA THOMAS, MARSORIE BEKAERT THOMAS, MARSORIE BEKAERT NAME STREET ADDRESS 212 MARKER STREET 242 CHASE AVENUE STREET ADDRESS 242 CHASE AVENUE CITY-ST-ZIP ALTAMONTE-SPRINGS FL 32701 WINTER PARK, FL 32789 CITY-ST-ZIP WINTER PARK, FL 32789 TITLE Change **✓** Addition FASARDO, 5056 A. FAJARDO, JOSÉ A. NAME NAME 11510 EAST COLONIAL PRIVE STREET ADDRESS STREET ADDRESS 11510 EAST COLONIAL DRIVE CITY-ST-7IP ORLANDO, 32817-4699 CITY-ST-ZIP 32817-4699 DRLANDO, FL TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZiP

(407)273-2300 x102