FILED Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90100 025 ***150.00

2003 F	DR P	ROFIT	CORPORA	TION
UNIFORM	1 BU	SINESS	REPORT	(UBR)

F00000000441

DOCUMENT # 1. Entity Name

UNITED COMMUNICATIONS HUB, INC.

10390 COMMERCE CENTER DRIVE,

SUITE 250,

Principal Place RANCHO CUCAMONGA, CAZALLANE

SUITE-705

PASADENA CA 91101-4840

PASADENA CA 91101-4840

2. Principal F	COMMERCE CKNTW	3. Mailing Address // 339 o じのかか	ERC	E CENT	HR		(11 48 11) 88 111 8 11	11 011 11 11 11 11 11 11 11 11	
Suite, Apt	Suite, Apt. #, etc. DR / Suite, Apt. #, etc. DR / V					M CHECK HERE IF MAKING CHANGES			
City & Cto	CUCAMONGA CA	RANCHO, C	uca	MONGA		FEI Number 95-4727687	├	Applied For Not Applicable	
79,730 Gouptoy 4 9219730				Country UFA		Certificate of Status Desired	\$8.75 A Fee Requ		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
Nam							=	~ -	
TCS CORPORATE SERVICES, INC.				Street Address (P.O. Box Number is Not Acceptable)					
103 N. MERIDIAN STREET				over the second of the second					
TALLAHA	SSEE FL 32301-0000			ļ					
				City		F	Zip C	ode	
8. The above	named entity submits this statement for	the purpose of changing its	s register	ed office or regis	tered a	gent, or both, in the State of Florida. I a	m familiar wit	h, and accept	
the obligat	tions of registered agent.	_		-					
SIGNATURE									
OIGINATOTIL	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registere	ed Agent signature requi	ired when	reinstating) DATI			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				Election Campaign Financing Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFICERS AND D	RECTORS	11.		A!	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 11	
TITLE	PCEO	☐ Delete	TITL	.E			☐ Chang	e 🔲 Addition	
NAME	WILCOX, LARRY		NAM	AE j					
STREET ADDRESS	10 APPLOOSA LANE		STR	EET ADDRESS					
CITY-ST-ZIP	PASADENA CA 91307		CITY	/-ST-ZIP					
TITLE	D	☐ Delete	TITL	E			☐ Chang	e 🔲 Addition	
NAME	THOMPSON, WILLIAM		NAM	ſ					
STREET ADDRESS	16310 MARVENE DR			EET ADDRESS					
CITY-ST-ZIP	HACIENDA HEIGHTS CA 91745		CITY	r-ST-ZIP					
TITLE	WILCOX, LARRY	☐ Đelete	TITL				☐ Change	e 🗌 Addition	
STREET ADDRESS	10 APPLOOSA LANE		NAV etbi	EET ADDRESS				e	
CITY-ST-ZIP	PASADENA CA 91307			(-ST-ZIP					
TITLE	S	☐ Delete	TITL				☐ Change	e	
NAME	SHARBROUGH, KAREN	LI Delete	NAM					, LJ Addition	
STREET ADDRESS	1645 MORNING SUN DR			EET ADDRESS					
CITY-ST-ZIP	WALNUT CA 91789		CITY	'-ST-ZIP					
TITLE	D	☐ Delete	TITL	E			Change	e	
NAME	SHARBROUGH, MIKE		NAM	łE J			_		
STREET ADDRESS	1045 MORNING SUN DR			eet address					
CITY-ST-ZIP	WALNUT CA 91789		CITY	'-ST-ZIP					
TITLE		☐ Delete	TITL	E }			☐ Change	e 🔲 Addition	
NAME			NAM	I					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS					
OH 1-31-ZIP			CHY	'-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

a