

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90425 002 ***150.00

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DOCUMENT # F00000005401

1. Entity Name
ADMINISOURCE COMMUNICATIONS, INC.

Principal Place of Business 1100 VALWOOD PARKWAY, SUITE 114 CARROLLTON TX 75006	Mailing Address P.O. BOX 113060 CARROLLTON TX 75006
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>P.O. Box 113060</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>CARROLLTON TX</i>	
Zip	Country	Zip	Country
<i>75011</i>		<i>75011</i>	<i>U.S.</i>
4. FEI Number 75-2734871		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGILL, DENNIS S	NAME	
STREET ADDRESS	1515 SHANNON PLACE	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX 75006	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LO, EDWARD K	NAME	
STREET ADDRESS	3804 MORNING DOVE DR.	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75025	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOLL, MICHAEL J	NAME	
STREET ADDRESS	2937 SHELBY	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JONATHAN	NAME	
STREET ADDRESS	4005 CRESTWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON TX 75007	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, DOUGLAS S	NAME	
STREET ADDRESS	2283 HIDDEN VALLEY	STREET ADDRESS	
CITY-ST-ZIP	HOWELL MI 48843	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: *Dennis Magill* **DENNIS MAGILL** *4-23-01 972 389 1101*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)