

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90370 050 \*\*\*150.00

**DOCUMENT # F0000005401**  
 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 75011**

2. Principal Place of Business  
**1617 W. CROSBY ROAD**  
 Suite, Apt. #, etc.  
**SUITE 100**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**CARROLLTON TX**

City & State

Zip  
**75006**

Country  
**USA**

Zip  
 Country

**14004551**



03132004 Chg-P CR2E034 (10/03)

4. FEI Number  
**75-2734871**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAGILL, DENNIS S</b> <b>718 STRATFORD LANE</b> <b>COPPELL, TX 75019</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>LO, EDWARD K</b> <b>3804 MORNING DOVE DR.</b> <b>PLANO, TX 75025</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KNOLL, MICHAEL J</b> <b>4835 BRIAR CREEK DR</b> <b>FLOWER MOUND, TX 75028</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>YOUNG, JONATHAN</b> <b>4005 CRESTWOOD DRIVE</b> <b>CARROLLTON, TX 75007</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WEBSTER, DOUGLAS S</b> <b>2283 HIDDEN VALLEY</b> <b>HOWELL, MI. 48843</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **4-14-04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #