

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0653319 AT

DOCUMENT # F00000005401



1. Entity Name
ADMINISOURCE COMMUNICATIONS, INC.

04-14-2003 90027 031 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2734871**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CAPITOL-CORPORATE-SERVICES, INC.~~
**1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)