		PLEASE READ	ALL INSTRU	JCTIO	NS BEFORE	COMPLETI	ING I	HIS FORM.				
	PORATI STATEM	(200 A 1 4 4 4 5 1 5 1	Sec	retary o	MENT OF STATE of State PORATIONS	03	FEB	ILED 24 PM 1:0				
DOCUMENT # F0000006164  1. Corporation Name SJH Communications, Inc.						SE TA	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
						HEINST	ĨÄĨ	ewent	02-	0		
2. Principal	l Office Addre	ess	3. Mailing Office	Address		WE HEAR	000					
9233 Harris Plant Rd. P.O.				Box 261279 700013 03/10/03010					187			
Suite, Apt. #, etc. Suite, Apt. #					•	U5/1U	/\J.J~~\	U1UU6UU4	**9 <u>00</u> .	UU	_	
						4. Date Incorp		Qualified III	3/200	ن		
City & State City & St				& FCI Numb				- 1		olied For		
San Diego, CA			San Diego, CA			3768	374505426 Applicable					
Zip 9214	92145 Country San Diego		<sup>Zip</sup> 92196-1	279	Country San Diego	6.		IS DESIBED ☐ \$8.75	Additional a Certificate	Fee required e of Status		
-			7. Name	and Add	ress of Current Regis	tered Agent					•	
	Name CT Corporation											
	Street Address (P.O. Box Number is Not Acceptable)											
	1200 South Pine Island Rd.									j		
	Suite, Apt.	#, Etc.							1	İ		
Clty							State FL	Zip Code 3 3 3 2 4				
8. I, being a	appointed the	registered agent of the abo	ve named corporation	n, am fami	iliar with and accept the	obligations of section	on 607.05	05 or 617.0503, F.S.			0/02)	
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date	2/21/03			CR2E081 (10/02)	
9. Names	and Street Ad	ddresses of Each Officer and	l/or Director (Florida	nonprofit o	corporations must list at	least 3 directors)						
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip					
CEO	Stephen A. Bieri			P.O. Box 261279			San	Diego, Ca	A 921	196-1	79	
SEC	Stephen A. Bieri			.o. I	3ox 261279	,	San	Diego, Ca	9219	96-12	9	
CFO	Barbara J. Bieri			P.O. Box 261279			San	Diego, CA	A 921	196-1	7 9	
								,				
this rein	statement ap	officer or director or the receive plication, the reason for disso	olution has been elin	ninated, the	corporate name satisfi	es the requirements	of section	607.0401 or 617.040	1. F.S., that	all fees		
owed by	y the corporat	ion have been paid and the r	names of individuals	listed on th	ils form do not qualify fo	or an exemption unde	er section	119.07(3)(i), F.S. The	information	indicated		

Stephen A. Bieri
Signature and Typed or Printed name of Signing Officer or Director

SIGNATURE:

2/4/03 858-277-0898

Date

Daytime Phone #