2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2005 8:00 am DOCUMENT # F01000004805 **Secretary of State** 1. Entity Name 02-14-2005 90060 026 ***150.00 DIGITAL COMMUNICATIONS SERVICES, INC. Principal Place of Business Mailing Address 601 S. FEDERAL HWY 601 S. FEDERAL HWY **DDUUUN * ~** LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business Mailing Address 315 S. Congress HVE 2315 S. Congress 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number 61-1304636 Palm Beach P29. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Osborne <u>Janie</u> OSBORNE, DANIEL L ESQ. Street Address (P.O. Box Number is Not Acceptable) 2637 E. ATLANTIC BLVD. #212 pland FT LAUDÉRDALE FL 33304 onic 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 8. The above named entity the obligations of registered SIGNATURE DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!\FEE IS \$150 00 3.7 After May 1: 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CEO TITLE Change ☐ Addition TITLE Delete CAUDILL, BILLY B NAME NAME 2460 WALNUT GROVE LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEXINGTON KY 40509 CITY-ST-ZIP **CFO** ☐ Change ☐ Addition TITLE ☐ Delete TITLE OSBORNE, DANIEL L ESQ NAME NAME 623 UPLAND RD. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY - ST - 7IP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF 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 of true leg 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 writer like empowered. changed or on an attachment aniel L. Osborne, CFO SIGNATURE:

FILED