

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

07-14-2003 90326 008 ***400.00
06-13-2003 90059 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

6/1

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DOCUMENT # F01000004805			
1. Entity Name DIGITAL COMMUNICATIONS SERVICES, INC.			
Principal Place of Business 2637 E. ATLANTIC BLVD. #212 POMPANO BEACH FL 33062		Mailing Address 2637 E. ATLANTIC BLVD. #212 POMPANO BEACH FL 33062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 61-1304636		Applied For ☐ Not Applicable	
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	
JOHNSON, JOE E 200 S.E. 127TH AVE UNIT 305 FT LAUDERDALE FL 33301		Name <u>DANIEL L. Osborne, Esquire</u> Street Address (P.O. Box Number is Not Acceptable) <u>SAME AS ABOVE</u> City <u>FL</u> 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 <u>DANIEL L. Osborne CFO</u>		DATE <u>5-30-03</u>	
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 NAME STREET ADDRESS CITY - ST - ZIP	PCD CAUDILL, BILLY B 812 N. OCEAN BLVD., #402 POMPANO BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Billy Caudill Chief Executive Officer 2460 WALNUT GROVE LN LEIGHTON, KY 40509 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TRAPP, LINDA 6680 N.W. 105TH LANE PARKLAND FL ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DANIEL L. Osborne, Esq. Chief Financial Officer 623 Upland Rd. West Palm Beach, FL 33401 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, DAN 8223 RUSSET DRIVE MAILEVILLE OH ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>SIGNATURE OF DANIEL L. Osborne, Esq.</u>		DATE <u>5/30/03</u> (561) 540-8448	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Typed Name	

CR2E034 (10/02)