
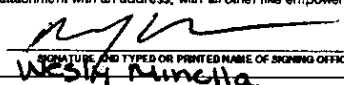


FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90140 026 ***150.00

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

80048023

DOCUMENT # F01000006375					
1. Entity Name CORDIA COMMUNICATIONS CORP.					
Principal Place of Business 54 DANBURY ROAD #370 RIDGEFIELD, CT 06877		Mailing Address 54 DANBURY ROAD #370 RIDGEFIELD, CT 06877			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0551591	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when resigning)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input checked="" type="checkbox"/> Delete NAME GIRONDA, CRAIG C STREET ADDRESS 7 JUNEBAW LANE CITY-ST-ZIP NORWALK, CT			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME MINELLA, WESLEY STREET ADDRESS 34 CIRCUIT ROAD CITY-ST-ZIP NEW ROCHELLE, NY			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Wesley Minella STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME FREEMAN, PATRICK STREET ADDRESS 124 OLYMPUS DRIVE CITY-ST-ZIP OCOE, FL 34761			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME P, D, CEO STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME GUERRERA, LORIE M STREET ADDRESS P.O. BOX 661 CITY-ST-ZIP ROCKY POINT, NY 11778			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 26 samantha Drive STREET ADDRESS Coram, NY 11727 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME 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:  WESLEY MINELLA					
Date 2/20/03 Daytona Phone 914 633 3343					

CFR2034 (10/02)