

2004

ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT #F05000002464

1. Entity Name
COMM PORT COMMUNICATIONS, INC.



Principal Place of Business
1925 W. JOHN CARPENTER FREEWAY
SUITE 500
IRVING, TX 75063

Mailing Address
1925 W. JOHN CARPENTER FREEWAY
SUITE 500
IRVING, TX 75063

DO NOT WRITE IN THIS SPACE

04192004 No Chg-

CR2E083 (10/03)

4. FEI Number
75-2820004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
103 N. MERIDAN ST.
TALLAHASSEE, FL 32301

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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

Filing Fee is \$50.00
Due by May 1, 2004

000000132577
04/27/04-80054-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME BIRDWELL, SCOTT
STREET ADDRESS 1925 W. JOHN CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75063

TITLE SD
NAME BIRDWELL, BRITT
STREET ADDRESS 1925 W. JOHN CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75063

TITLE TVD
NAME BECKER, JEFF
STREET ADDRESS 1925 W. JOHN CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75063

TITLE D
NAME JOHNS, CHRIS
STREET ADDRESS 1925 W. JOHN CARPENTER FREEWAY
CITY-ST-ZIP IRVING, TX 75063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #