SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005523 (6)**

1. Corporation Name
TEST COMMUNICATIONS GROUP INC.

Principal Place of Business	Mailing Address
10 UNION PLACE NEW WINDSOR NY 12553	10 UNION PLACE NEW WINDSOR NY 12553

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 11/06/1995
4. FEI Number: 14-1756850 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 37 Taft Avenue	26 37 Taft Avenue
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Newburgh, NY	City & State 28 Newburgh, NY
Zip 24 12550 Country 25 Orange	Zip 29 12550 Country 30 Orange

9. **Name and Address of Current Registered Agent**

DIGIORE, PHIL
~~13380 SW 131ST ST. #115~~ 13086
MIAMI FL 33186

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 13086 SW 132nd Ct.
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HANDLEY, RUSSELL J		1.2 NAME	
STREET ADDRESS	4C PARR MEADOW DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURGH NY 12550		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	D ☑ Change ☐ Addition
NAME	DIGIORE, PHIL		2.2 NAME	Digiore, Phil
STREET ADDRESS	13380 SW 131ST ST. #115		2.3 STREET ADDRESS	13086 SW 132nd Ct.
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP	Miami, FL 33186
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 6/17/96 (914)562-5817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)