**FILED** 

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

UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # F9400001807  1. Entity Name D J COMMUNICATIONS, INC.						Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90212 039 ***150.00			
2. Principa	Place of Business	3. Mailing Address			☐ CHECK HERE IF MAKING CHANGES				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.							
City & St	ate	City & State				4. FEI Number 59-3236275 Applied For Not Applicable			
Zip	Country	Zip		Country		5. Certific	cate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Curre	nt Registere	ed Agent	<u> </u>			and Address of New Registere	Fee Requi	red
DEDAOLA MANOVA					Name		registere	u Agent	<del></del>
DEPAOLA, NANCY A 19354 PULLMAN LANE				· ;	Street Address (F	ress (P.O. Box Number is Not Acceptable)			
	TY FL 33526			<u> </u>	<del></del>	_			
					Oity			Zip Co	40
8. The abov	e named entity submits this statement ations of registered agent.	for the nurn	Ose of changing its	registered	office or reminters		F		
the obligation					omoc or registere	d agent, or	both, in the State of Florida. I an	n familiar with	i, and accept
;	Signature, typed or printed name of registered ager	t and title if appl	icable. (NOTE	E: Registered Ag	ent signature required w	when reinstating	DATE	<u> </u>	<del></del>
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department (	of State				9.	Election Campaign Financing Trust Fund Contribution.		00 May Be
10.	OFFICERS AND	DIRECTOR	RS	11.	<del></del>	ADDITION	NS/CHANGES TO OFFICERS AN	D DIDECTOR	20 11 11
TITLE NAME	PDC DEPAOLA, NANCY A	☐ Delete		TITLE	-	7.0011101	NOTOTIANGES TO OFFICERS AN	☐ Change	RS IN 11
STREET ADDRESS	19354 PULLMAN LANE			NAME STREET AD	DDRESS				Auganon
CITY-ST-ZIP TITLE	DADE CITY FL 33526	<u> </u>		CITY-ST-	ZIP				
NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET AD					
TITLE		<del></del>	☐ Delete	TITLE	ar			[7.05	
NAME Street address				NAME				☐ Change	Addition
CITY-ST-ZIP				STREET ADI	l l				
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS		-		NAME					☐ Addition
CITY-ST-ZIP				STREET ADE	i i				
ITLE		_	☐ Delete	TITLE				☐ Change	Addition
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ITY-ST-ZIP				STREET ADD	1				
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AME TREET ADDRESS				NAME				☐ change	Audition
				STREET ADD	HESS I				1

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: MELLING PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP