

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90250 010 \*\*\*150.00

**DOCUMENT # F94000003414**

1. Entity Name

MAP MOBILE COMMUNICATIONS, INC.



Principal Place of Business  
840 GREENBRIER CIRCLE  
SUITE 202  
CHESAPEAKE VA 23320

Mailing Address  
840 GREENBRIER CIRCLE  
SUITE 202  
CHESAPEAKE VA 23320



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 22-3064901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MORRISON, GARRY  
STREET ADDRESS 516 LIGHTHOUSE DRIVE  
CITY-ST-ZIP VIRGINIA BEACH VA 23451

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DAVIES, GRAHAM  
STREET ADDRESS 1002 EAGLES PASSAGE CT.  
CITY-ST-ZIP DAVIDSONVILLE MD 21035

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2886 Macao Drive  
CITY-ST-ZIP Herndon, VA. 20171

TITLE D ☐ Delete  
NAME FRAZAR, ED  
STREET ADDRESS 185 BRAFORD PARK DR  
CITY-ST-ZIP BONNVILLE, AUSTRALIA NSW -441

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Bonnaville, Australia NSW 2441

TITLE D ☒ Delete  
NAME WARD, WILLIAM  
STREET ADDRESS 17 HOWARD STREET  
CITY-ST-ZIP RUNAWAY BAY, AUSTRALIA QLD-4-16

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME HUMPHREY, BRONWYN  
STREET ADDRESS 533 SUSAN CONSTANT ROAD  
CITY-ST-ZIP VIRGINIA BEACH VA 23451

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME SHERWOOD, DAVE  
STREET ADDRESS 1000 W. PRINCESS ANNE RD.  
CITY-ST-ZIP NORFOLK VA 23507

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H403

757424-1191

CR2E034 (10/02)