2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F94000004479 **DOCUMENT #**

1. Entity Name

TOUCH 1 COMMUNICATIONS, INC.

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| FILED |
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| Apr 30, 2003 8:00 am |
| Secretary of State |
| <i>U</i> |

04-30-2003 90162 029 ***150.00

| <u> </u> | | | | | | | | | | | |
|---|-------------------------------|----------------------------------|---|-------------------|--------------|--|--|---------------|-----------------|------------------------------|--------|
| 100 BROOKWOOD DRIVE 60 ATMORE AL 36502 #2 | | | Mailing Address 601 S. HARBOUR ISLAND BLVD #220/ ATTN:TORA NEIL TAMPA FL 33802 US | | | | | | | | |
| 2. Principal Place of Business | | 3. | 3. Mailing Address | | | | 1 601100 1110 1011 01011 60111 0011 | | ili 01011 01611 | HEB | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | 4. F | 63-1125463 | | <u> </u> | pplied For ot Applicable | 7 |
| Zip | Countr | , | Zip | Country | | 5. (| Dertificate of Status Desired | | 8.75 Ad | ditional | |
| | 6. Name and Add | ress of Current Regi | stered Agent | · | | 7. N | Name and Address of New Ro | egistered A | gent | | 1 |
| | | | | N | ame | | | | 3 | | 1 |
| C T CORRO | DATION EVETEN | | | | | | | | | | ŀ |
| | RATION SYSTEM | | | St | treet Ad | dress (P.O. B | ox Number is Not Acceptable |) | | | 1 |
| 1200 SOUTH | H PINE ISLAND R | DAD | | ļ | | | _ | | | | 1 |
| PLANTATION | N FL 33324 | | | | | | | | | | |
| | | | | С | ity | | | FL | Zip Cod | le , | 1 |
| 8. The above na | amed entity submits | this statement for the | nurnose of changing its | registered of | ffice or r | edistered add | ent, or both, in the State of Flo | rida. Lam fa | miliar with. | and accept | 1 |
| | ns of registered ager | | polygood of officinging no | 75g.515154 51 | | 59 .0.0.00 29 . | | | | 4110 433561 | |
| SIGNATURE | gnature, typed or printed nar | ne of registered agent and title | e if applicable. (NOT) | E: Registered Age | nt signature | e required when re | instating) | DATE | · · · · · · | | |
| 1 | | | | | | | | | | | ┨ |
| After N | E NOW!!! FEE I | ill be \$550.00 | _ | | | | Election Campaign Fin. Trust Fund Contribution | · - | | 0 May Be d to Fees | |
| Make Check F | Payable to Florida | Department of Sta | ite | | | | | | | | |
| 10. | | OFFICERS AND DIRE | | 11. | | AD | DITIONS/CHANGES TO OFFI | CERS AND | DIRECTOR | | ؍ ا |
| TITLE | | | Delete | TITLE | | D/P | | | ☐ Change | 🔀 Addition | 3 |
| | ss 100 BROOKWOOD RD | | NAME | | | Slauson, Michael 100 Brookwood Road | | | | 1 | |
| | | | STREET AD | | 100 | | | | | 1 | |
| CITY-ST-ZIP A | TMORE AL | | | CITY-ST-Z | ZIP . | | ore, AL 36502 | | | | ر ا |
| TITLE . D | } | | ☐ Delete | TITLE | | D/VP | · | | X Change | ☐ Addition | Į |
| | MITH, GREGG | | | NAME | - [| D/ VI | | | | | |
| STREET ADDRESS 6 | 01 S. HARBOUR I | Sland Blvd | | STREET AD | DRESS | | | | | | } |
| CITY-ST-ZIP T | AMPA FL 33602 | | | CITY-ST-Z | IP. | | | | | | Ì |
| TITLE S | | | □X Delete | TITLE | | D/S | | | ☐ Change | X Addition | 1 |
| NAME J(| OHNSON, MARK | | | NAME | | | ett, N. Dumas | 3 | | | |
| | 01 S. HARBOUR I | sland blvd | | STREET AD | | 601 | ett, N. Dumas S. Harbour Is | land | 31Ste | 220 | |
| CITY-ST-ZIP | AMPA FL 33602 | | | CITY-ST-Z | îP . | Tamp | a, FL 33602 | | | |] |
| TITLE D | | | 🔀 Delete | TITLE | | T | | | ☐ Change | 🛚 Addition | |
| | OHNSON, MARK | | | NAME | j | Davi | s, Horace J. | | | | |
| | 01 S HARBOUR IS | SLAND BLVD | | STREET ADI | - 1 | 601 | S. Harbour Is | :land, | Ste | 220 | } |
| CITY-ST-ZIP T | AMPA FL 33602 | | | CITY-ST-Z | IP . | Tamp | oa, FL 33602 | | | | |
| TITLE P | | | Delete | TITLE | | AS · | | | Change | X Addition | |
| | orman, James I | | | NAME | [| Neil | . Victoria | | | | [|
| | 00 BROOKWOOD | | | STREET ADI | | | S. Harbour Is | land, | Ste | 220 |) |
| | TMORE AL 36502 | | | CITY-ST-Z | IP . | | a, FL 33602 | | | | 1 |
| TITLE | | | ☐ Delete | TITLE | ĺ | • | | | ☐ Change | Addition | [|
| | MITH, GREGG | | | NAME | - | | | | | | { |
| j j | 01 S HARBOUR IS | SLAND BLVD | | STREET ADI | J | | | | | |] |
| | AMPA FL 33602 | | | CITY-ST-2 | | | | | | | 1 |
| 12. Thereby cert | tify that the informati | on supplied with this | filing does not qualify for | the exemption | on state | d in Section 1 | 119.07(3)(i), Florida Statutes. I | further certi | fv that the i | nformation | 1 |

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. SICVICTORIA Neil - Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Date

4-28-03 813.233.461

Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

OCUMENT # F94000004479

Entity Name

DUCH 1 COMMUNICATIONS, INC.



Attechment

Mailing Address rincipal Place of Business 601 S. HARBOUR ISLAND BLVD 30 BROOKWOOD DRIVE TMORE AL 36502 #220/ ATTN:TORA NEIL **TAMPA FL 33602** US . Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 63-1125463 Not Approable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **Nат.е** C T CORPORATION SYSTEM Strest Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 tale if applicable (COTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. $\overline{}$ Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \$1 11. X Delete HILE TITLE CORMAN, JAMES F MAME NAME Slauson, Michael 100 Brookwood Road 100 BROOKWOOD RD STREET ADDRESS STREET ADDRESS ATMORE AL CITY-ST-ZIP CITY-ST-7:P Atmore, AL 36502 ☐ Delete X Change TITLE TITLE Addition D/VP SMITH, GREGG NAME NAME STREET ADDRESS 601 S. HARBOUR ISLAND BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** TITLE **□** Delete TITLE X Addition Change NAME NAME JOHNSON, MARK Garrett, N. Dumas 601 S. Harbour Island Alste 220 STREET ADDRESS 601 S. HARBOUR ISLAND BLVD STREET ADLPESS CITY-ST-ZIP CITY-ST-ZP TAMPA FL 33602 Tampa, FL 33602 TITLE TITLE Delete ☐ Change NAME -NAME Johnson, Mark Davis, Horace J. 601 S. Harbour Island, Ste 220 STREET ADDRESS 601 S HARBOUR ISLAND BLVD --STREET ADERESS CITY-ST-ZIP CITY-ST-71P TAMPA FL 33602 Tampa, FL 33602 TITLE X Delete TITLE -AS Neil, Victoria 601 S. Harbour Island, Ste 220 NAME CORMAN, JAMES F NAME --STREET ADDRESS 100 BROOKWOOD RD STREET ACCRESS CITY-ST-ZIP --ATMORE AL 36502 CITY-ST-ZIP Tampa, FL 33602 ۷P TITLE ☐ Delete SMITH, GREGG NAME NAME ~ STREET ADDRESS 601 S HARBOUR ISLAND BLVD STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 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:

Victoria Neil Assistant

nt Secretary ----

4-28-03 813.233.46