

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90162 029 \*\*\*150.00

0450563  
AV

**DOCUMENT # F94000004479**

1. Entity Name  
**TOUCH 1 COMMUNICATIONS, INC.**



Principal Place of Business  
**100 BROOKWOOD DRIVE  
ATMORE AL 36502**

Mailing Address  
**601 S. HARBOUR ISLAND BLVD  
#220/ ATTN:TORA NEIL  
TAMPA FL 33602  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-1125463**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **D** ☒ Delete  
NAME **CORMAN, JAMES F**  
STREET ADDRESS **100 BROOKWOOD RD**  
CITY-ST-ZIP **ATMORE AL**

TITLE **D/P** ☐ Change ☒ Addition  
NAME **Slauson, Michael**  
STREET ADDRESS **100 Brookwood Road**  
CITY-ST-ZIP **Atmore, AL 36502**

TITLE **D** ☐ Delete  
NAME **SMITH, GREGG**  
STREET ADDRESS **601 S. HARBOUR ISLAND BLVD**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D/VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **JOHNSON, MARK**  
STREET ADDRESS **601 S. HARBOUR ISLAND BLVD**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D/S** ☐ Change ☒ Addition  
NAME **Garrett, N. Dumas**  
STREET ADDRESS **601 S. Harbour Island Ste 220**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **D** ☒ Delete  
NAME **JOHNSON, MARK**  
STREET ADDRESS **601 S HARBOUR ISLAND BLVD**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **T** ☐ Change ☒ Addition  
NAME **Davis, Horace J.**  
STREET ADDRESS **601 S. Harbour Island, Ste 220**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **P** ☒ Delete  
NAME **CORMAN, JAMES F**  
STREET ADDRESS **100 BROOKWOOD RD**  
CITY-ST-ZIP **ATMORE AL 36502**

TITLE **AS** ☐ Change ☒ Addition  
NAME **Neil, Victoria**  
STREET ADDRESS **601 S. Harbour Island, Ste 220**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **VP** ☐ Delete  
NAME **SMITH, GREGG**  
STREET ADDRESS **601 S HARBOUR ISLAND BLVD**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE  
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:** *Victoria Neil*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-28-03 813.233.461**

Date

Daytime Phone #

CR2E034 (10/02)

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004479

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DUCH 1 COMMUNICATIONS, INC.



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ATMORE AL 36502

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#220/ ATTN:TORA NEIL  
TAMPA FL 33602  
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PLANTATION FL 33324

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Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name

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City

FL Zip Code

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Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORMAN, JAMES F	
STREET ADDRESS	100 BROOKWOOD RD	
CITY-ST-ZIP	ATMORE AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GREGG	
STREET ADDRESS	601 S. HARBOUR ISLAND BLVD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARK	
STREET ADDRESS	601 S. HARBOUR ISLAND BLVD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARK	
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CITY-ST-ZIP	TAMPA FL 33602	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORMAN, JAMES F	
STREET ADDRESS	100 BROOKWOOD RD	
CITY-ST-ZIP	ATMORE AL 36502	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, GREGG	
STREET ADDRESS	601 S HARBOUR ISLAND BLVD	
CITY-ST-ZIP	TAMPA FL 33602	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Slauson, Michael	
STREET ADDRESS	100 Brookwood Road	
CITY-ST-ZIP	Atmore, AL 36502	
TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garrett, N. Dumas	
STREET ADDRESS	601 S. Harbour Island, Ste 220	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Horace J.	
STREET ADDRESS	601 S. Harbour Island, Ste 220	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil, Victoria	
STREET ADDRESS	601 S. Harbour Island, Ste 220	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Victoria Neil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 813.233.46

Date Daytime Phone #

Attachment

80099472



0450563 AV