

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003059

1. Entity Name  
OMNIMEDIA COMMUNICATIONS CO.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90383 008 \*\*\*150.00

Principal Place of Business  
3208-C EAST COLONIAL DRIVE  
#209  
ORLANDO FL 32803-5127

Mailing Address  
3208-C EAST COLONIAL DRIVE  
#209  
ORLANDO FL 32803-5127

2. Principal Place of Business  
1067 Rainer Dr  
Suite, Apt. #, etc.  
1001-210  
City & State  
Altamonte Springs FL

3. Mailing Address  
1067 Rainer Dr  
Suite, Apt. #, etc.  
1001-210  
City & State  
Altamonte Springs FL

4. FEI Number 59-3311407 Applied For Not Applicable

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

Zip Country Zip Country  
32714 USA 32714 USA

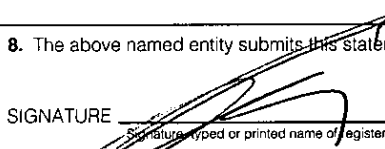
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLKING, PAUL  
3208-C EAST COLONIAL DRIVE  
#209  
ORLANDO FL 32803-5127

Name  
Wolking, Paul  
Street Address (P.O. Box Number is Not Acceptable)  
1067 Rainer Drive  
Suite 1001-110  
City Altamonte Springs FL Zip Code 32714

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.

SIGNATURE  4/27/2001  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLKING, PAUL		NAME		
STREET ADDRESS	3108 NEALWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/27/01 4078502466  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)