FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91015 050 ***150.00

DOCUMENT # F95000005301

1. Entity Name

Atlas Communications, Ltd.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 Front St	c/o Patrick D. Crocker
Suite, Apt. #, etc.: Ste 1370	Suite, Apt. #, etc.: 900 Comerica Bldg
City & State: West Conshocken PA	City & State: Kalamazoo MI
Zip: 19428 Country: Montgomery	Zip: 49007 Country: Kalamazoo

DO NOT WRITE IN THIS SPACE

4. FEI Number: 22-3558165 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Edwin F. Blanton

Street Address (P.O. Box Number is Not Acceptable): 825 Thomasville Rd

City: Tallahassee FL Zip Code: 32303

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Pres/CEO/Sec/Treas/Dir
NAME	Michael W. Spurlin
STREET ADDRESS	100 Front St. Ste 1370
CITY-ST-ZIP	West Conshocken PA 19428
TITLE	Vice Chairman
NAME	Frank Scardino
STREET ADDRESS	100 Front St, Ste 1370
CITY-ST-ZIP	West Conshocken PA 19428
TITLE	Director
NAME	Mark W. Kelly
STREET ADDRESS	100 Front St. Ste 1370
CITY-ST-ZIP	West Conshocken PA 19428
TITLE	
NAME	
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CR2E034B (12/02)

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

SIGNATURE: Frank Scardino, VICE CHAIRMAN 2/25/03 610-940-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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