
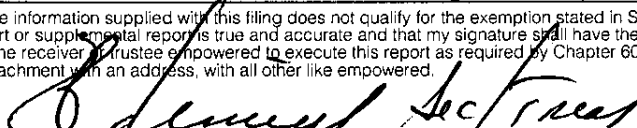


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90312 015 \*\*\*150.00

<b>DOCUMENT # F96000003287</b> 1. Entity Name <b>COMM SOUTH COMPANIES, INC.</b>					
Principal Place of Business <b>2909 N. BUCKNER BLVD SUITE 800 DALLAS, TX 75228</b>			Mailing Address <b>2909 N. BUCKNER BLVD SUITE 800 DALLAS, TX 75228</b>		
2. Principal Place of Business <b>8035 East R.L. Thornton Frey #410</b> Suite, Apt. #, etc.		3. Mailing Address <b>8035 East R.L. Thornton Frey #410</b> Suite, Apt. #, etc.			
City & State <b>Dallas Texas</b>		City & State <b>Dallas Texas</b>		4. FEI Number <b>75-2587984</b>	
Zip <b>75228</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KWOK, LI</b> <b>8401 COLESVILLE RD., SUITE 750</b> <b>SILVER SPRING, MD 20910</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director / C.E.O.</b> <b>John McClure</b> <b>8035 East R.L. Thornton Frey #410</b> <b>Dallas, TX 75228</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCLURE, JOHN</b> <b>2909 N. BUCKNER BLVD., SUITE 800</b> <b>DALLAS, TX 75228</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>AMRICH, BARRY</b> <b>6830 WALKING LANE</b> <b>DALLAS, TX 75231</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b>  <b>04/28/04 214-355-7003</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					