2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 24, 2000 8:00 am DOCUMENT # F9600003667 **Secretary of State** BAF COMMUNICATIONS CORP. 03-24-2000 90080 035 ***150.00 Mailing Address Principal Place of Business 316 NORTHSTAR CT 316 NORTHSTAR CT SANFORD FL 32771 SANFORD FL 32771-6673 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 04-2862129 Not Applicable Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Corporation Service Company C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 1201 Hays Street **PLANTATION FL 33324** Tallahassee Zip Code 32301 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. FILE NOW!!! FEE IS \$150.00 ... This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. DCPT Addition **Delete** ☐ Change TITLE ÎITLE ANGELAKIS, CHARLES G moore, Keith VAME 2150 E. Dolton Road 345 PLANTATION CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY - ST - ZIP DE BARY FL 32713 Calomet City IL 60409-1411 Delete ☐ Change **Addition** TITLE ÌITLE ANGELAKIS, ANGELINA **HMAN** Bonyko, Blake VAME 345 PLANTATION CLUB DR STREET ADDRESS TREET ADDRESS 2150 E. Dolton Road CITY-ST-ZIP **DE BARY FL 32713** Calumet City IL 60409-1411 JITY-ST-ZIP Delete -TITLE Potts, Michael LACY, TERRY S NAME 316 Northstar Court 316 NORTHSTATE COURT STREET ADDRESS TREET ADDRESS CITY-ST-ZIP Sanford, FL 32771 JTY-ST-ZIP SANFORD FL 32771 Addition ☐ Change ☐ Delete TITLE ħηLΕ IAME NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Change ☐ Addition ÎTLE ☐ Defete TITLE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Addition ITLE ☐ Delete TITI F ☐ Change AME NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP 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