2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # F96000004186 COMMUNICATIONS CENTRAL, INC. 04-28-2000 90059 018 ***158.75 Principal Place of Business Mailing Address 10120 WINDHORST RD 10120 WINDHORST RD **TAMPA FL 33619** TAMPA FL 33619-7826 IALUAU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1804173 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. PD TITLE X Delete TITLE **C**hange ☐ Addition President HILL, DAVID R NAME NAME Michael E. Hayes STREET ADDRESS 10120 WINDHORST RD STREET ADDRESS 10120 Windhorst Road CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** Tampa, FL 33619 Change ☐ Addition TITLE TITLE Delete Secretary RAMMELKAMP, THEODORE C NAME NAME Bruce W. Renard 10120 WINDHORST RD STREET ADDRESS STREET ADDRESS 10120 Windhorst Road CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** Tampa, FL 33619 Change ☐ Addition ☐ Delete TITLE TITLE HAYES, MICHAEL Treasurer NAME NAME William Braeden STREET ADDRESS STREET ADDRESS 10120 WINDHORST RD CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** 10120 Windhorst Road ☐ Addition ☐ Change ☐ Delete TITLE Tampa, FL 33619 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

813-628-8000

Daytime Phone #