

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90654 002 ***150.00

DOCUMENT # F97000002666

1. Entity Name

TRANS NATIONAL COMMUNICATIONS INTERNATIONAL, INC

Principal Place of Business

**TWO CHARLESGATE WEST
 BOSTON MA 02215**

Mailing Address

**TWO CHARLESGATE WEST
 BOSTON MA 02215**

2. Principal Place of Business

3. Mailing Address

6455 E. Johns Xing

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Duluth, GA 30097

4. FEI Number

04-3284489

Applied For

Not Applicable

Zip

Country

Zip

Country

30097

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVE.
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 ROGOFF, BRUCE
 133 FEDERAL STREET
 BOSTON MA 02110** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**President
 Brian Twomey
 Two Charlesgate West,
 Boston, MA 02215** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CEO
 ROGOFF, BRUCE
 2 CHARLESGATE WEST
 BOSTON MA 02215** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 JACOBS, JUDITH I
 133 FEDERAL STREET
 BOSTON MA 02215** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 Marcy Raskind
 Two Charlesgate West
 Boston, MA 02215** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CD
 BELKIN, STEVEN B
 TWO CHARLESGATE WEST
 BOSTON MA 02215** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BELKIN, JOAN
 TWO CHARLESGATE WEST
 BOSTON MA 02215** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ROGOFF, BRUCE E
 133 FEDERAL STREET
 BOSTON MA 02110** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE OF TEQUILA HARVARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

67369 1059

Daytime Phone #

CR2E034 (9/01)