

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000216

1. Entity Name
COMMUNICATIONS BILLING, INC.

Principal Place of Business
20033 DETROIT RD
#202
ROCKY RIVER OH 44116
US

Mailing Address
20033 DETROIT RD
#202
ROCKY RIVER OH 44116
US

2. Principal Place of Business

The Same as above

3. Mailing Address

The Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 34-1850965

Applied For
Not Applicable

5. Certificate of Status Desired

\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 releasing)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	BETHUNE, PHILIP	1884 WYNWOOD DR.	ROCKY RIVER OH 44116	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIREMENT H. Bethune

(440) 356-2501

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 SEP 21 AM 10:35



DO NOT WRITE IN THIS SPACE

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AT

CR2E034 (5/01)

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***550.00 ***550.00

09/21