



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90440 005 ***150.00

DOCUMENT # F98000000639 1. Entity Name NOW COMMUNICATIONS, INC.					
Principal Place of Business P.O. BOX 807 JACKSON, MS 39205-0807			Mailing Address P.O. BOX 807 JACKSON, MS 39205-0807		
2. Principal Place of Business 1375 S. SEMORAN BLVD Suite, Apt. #, etc. SUITE 1348, BLDG 5		3. Mailing Address Suite, Apt. #, etc. SAME			
City & State WINTER PARK, FL		City & State SAME		4. FEI Number 64-0874586	
Zip 32792		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SEAB, LARRY W 713 COUNTRY PLACE DRIVE JACKSON, MS 39208 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1375 S. SEMORAN BLVD SUITE 1348 WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGUFFEE, CHARLES W 101 STANTON PLACE CLINTON, MS 39056 <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	C JENNINGS, STEVE 1945 SILVERSTONE DRIVE LAWRENCEVILLE, GA 30045 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1375 S. SEMORAN BLVD. SUITE 1348 WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWN, JAMES R 1105 OAKHURST DR. BROOMFIELD, CO <input checked="" 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"/> 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"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Larry W. Seab</u> LARRY W. SEAB, President Date 4/8/04 Daytime Phone # 407-681-5230					