## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F9800004662 Apr 13, 2000 8:00 am Secretary of State ITC COMMUNICATIONS COMPANY 04-13-2000 90101 040 \*\*\*150.00 Principal Place of Business Mailing Address 1<del>000 E MCFADDEN AVS. SUITE 25</del>0 1800 E. MOFADDEN AVE. SUITE 250 3ANTA ANA 6A-02700 SANTA ANA GA-02705 4726 2. Principal Place of Business 3. Mailing Address Culver Dr. 14252 Culver Drive 14252 Suite, Apt. #, etc. # A 530 DO NOT WRITE IN THIS SPACE # A530 City & State. Irvine City & State 4. FEI Number Applied For 33-0804990 rvine Not Applicable Country \$8.75 Additional a2604 2604 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 32301-2525 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Oresident's name ☐ Addition TITLE ☐ Delete TITLE COOK, FISHER Robert NAME Should be: 14252 CULVER SR STE A-530 STREET ADDRESS STREET ADDRESS Robert Cook CITY-ST-ZIP CITY-ST-ZIP **IRVINE CA 92604** ☐ Addition ☐ Delete TITLE Change TITLE NAME FISHER, DAN NAME STREET ADDRESS STREET ADDRESS 14252 CULVER DR STE A-530 CITY-ST-ZIP CITY-ST-7IP **IRVINE CA 92604** ☐ Delete ☐ Change ☐ Addition TITLE TITLE MAPLES, FARAH NAME NAME STREET ADDRESS STREET ADDRESS 14252 CULVER DR STE A-530 CITY-ST-ZIP CITY-ST-7IP **IRVINE CA 92604** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/100

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