

DOCUMENT # F98000006471

1. Entity Name

MIRACOM CORPORATION

FILED

00 MAR -8 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1180 SPRING CENTRE S. BLVD #310  
ALTAMONTE SPRINGS FL 327141180 SPRING CENTRE S. BLVD #310  
ALTAMONTE SPRINGS FL 32714-1956

2. Principal Place of Business

3. Mailing Address

121 E. First St.

121 E. First St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sanford FLCity & State  
Sanford FL

4. FEI Number 88-0344869

Applied For  
Not ApplicableZip  
32771Country  
USAZip  
32771Country  
USA5. 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

FOUTS, MICHAEL  
1180 SPRING CENTRE S. BLVD #310  
ALTAMONTE SPRINGS FL 32714Name  
Fouts, Michael  
Street Address (P.O. Box Number is Not Acceptable)  
121 E. First St.

City Sanford FL 32771

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. 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          | CCEO              | <input type="checkbox"/> Delete |
| NAME           | LUCAS, SHAWN      |                                 |
| STREET ADDRESS | 8352 GREY BANK CT |                                 |
| CITY-ST-ZIP    | SANFORD FL 32771  |                                 |

|                |                  |                                                                              |
|----------------|------------------|------------------------------------------------------------------------------|
| TITLE          | Pc               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lucas, Shawn     |                                                                              |
| STREET ADDRESS | 121 E. First St. |                                                                              |
| CITY-ST-ZIP    | Sanford FL 32771 |                                                                              |

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DEVP                | <input type="checkbox"/> Delete |
| NAME           | FOUTS, MICHAEL      |                                 |
| STREET ADDRESS | 298 LAKE MARKHAM RD |                                 |
| CITY-ST-ZIP    | SANFORD FL 32771    |                                 |

|                |                  |                                                                              |
|----------------|------------------|------------------------------------------------------------------------------|
| TITLE          | DEVP             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Fouts, Michael   |                                                                              |
| STREET ADDRESS | 121 E. First St. |                                                                              |
| CITY-ST-ZIP    | Sanford FL 32771 |                                                                              |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | DEVP                   | <input type="checkbox"/> Delete |
| NAME           | ODATO, JEFFREY         |                                 |
| STREET ADDRESS | 2343 RIVER TREE CIRCLE |                                 |
| CITY-ST-ZIP    | SANFORD FL 32771       |                                 |

|                |                  |                                                                              |
|----------------|------------------|------------------------------------------------------------------------------|
| TITLE          | DEVP             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Odata, Jeffrey   |                                                                              |
| STREET ADDRESS | 121 E. First St. |                                                                              |
| CITY-ST-ZIP    | Sanford FL 32771 |                                                                              |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | DSC              | <input type="checkbox"/> Delete |
| NAME           | ANDERSON, SCOTT  |                                 |
| STREET ADDRESS | 12958 MARIBOU CT |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32828 |                                 |

|                |                  |                                                                              |
|----------------|------------------|------------------------------------------------------------------------------|
| TITLE          | DSC              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Anderson, Scott  |                                                                              |
| STREET ADDRESS | 121 E. First St. |                                                                              |
| CITY-ST-ZIP    | Sanford FL 32771 |                                                                              |

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | PTDC                      | <input checked="" type="checkbox"/> Delete |
| NAME           | MCCOMAS, DAVID            |                                            |
| STREET ADDRESS | 1529 GULF BLVD #1607      |                                            |
| CITY-ST-ZIP    | CLEARWATER BEACH FL 34630 |                                            |

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

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           | 3000003169603-9       |                                 |
| STREET ADDRESS | -03/14/00--01109--017 |                                 |
| CITY-ST-ZIP    | ****150.00 ****150.00 |                                 |

|                |                  |                                                                              |
|----------------|------------------|------------------------------------------------------------------------------|
| TITLE          | CFO              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Hart, Ian        |                                                                              |
| STREET ADDRESS | 121 E. First St. |                                                                              |
| CITY-ST-ZIP    | Sanford FL 32771 |                                                                              |

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: S. J. Hart, CFO TAN HART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

1/10/00 407.32-134

CR2E034 (9/99)