2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

NATURE AND TYPES OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2000 8:00 am DOCUMENT # F99000002742 Secretary of State 2ND CENTURY COMMUNICATIONS HOLDINGS, INC. 05-15-2000 90238 047 ***150.00 Mailing Address Principal Place of Business 7702 WOODLAND CENTER BLVD., SUITE 50 7702 WOODLAND CENTER BLVD., SUITE 50 TAMPA FL 33614 TAMPA FL 33614-2411 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. EEI Number City & State City & State 59-3573182 Not Applicable \$8.75 Additional Zip Country Zip Country П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 Zip Code City FL 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Secretar Addition Change 🔉 Delete TITLE TITLE charles kallenbach NAME VIREN, MICHAEL A NAMÉ 1100 Wilson, Road, 12th Floor STREET ADDRESS 7702 WOODLAND CENTER BLVD., SUITE 50 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 220 **TAMPA FL 33614** Treasurer, W. of Finance DPCE ☐ Delete TITLE NAME JOHN Polchin PRISCO, JOHN J NAME 7702 Woodland Center Blvd., Ste 50 STREET ADDRESS 7702 WOODLAND CENTER BLVD., SUITE 50 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA, FC 33614 TAMPA FL 33614 Change ☐ Addition ☐ Delete TITLE TITLE GEARY, WILLIAM J NAME NAME STREET ADORESS STREET ADDRESS 7702 WOODLAND CENTER BLVD., SUITE 50 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME HATHAWAY, DAVID R STREET ADDRESS 7702 WOODLAND CENTER BLVD., SUITE 50 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** ☐ Change ☐ Addition D ☐ Delete TITLE TITLE NAME WAGNER, J. PETER NAME STREET ADDRESS 7702 WOODLAND CENTER BLVD., SUITE 50 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33614** Board of Duector **C**hange ☐ Addition ☐ Delete TITLE TITLE NAME STRAUSS, LES NAME STREET ADDRESS 7702 WOODLAND CENTER BLVD., SUITE 50 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33614** 13. I hereby certify that the information supplied with this filling 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 of 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 attactment with an address, with all other like empowered.

FILED