

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000003954**1. Entity Name
EAGLETECH COMMUNICATIONS, INC.**Principal Place of Business**

305 S. ANDREWS AVE., SUITE 300

FT. LAUDERDALE
33301

FL

Mailing Address

305 S. ANDREWS AVE., SUITE 300

FT. LAUDERDALE
33301

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**13-4020694**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCHANDLER EDWARD JESQ.
1700 E. LAS OLAS BLVD., PENTHOUSE VIFT. LAUDERDALE
33301

FL

US

7. Name and Address of New Registered Agent

Name

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

City

FL

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 _____ **04/30/2001**

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, 2001 Fee will be \$550.00****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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	FLANNERY CHRIS	
STREET ADDRESS	THE BELLVUE/6TH FL/ BROAD + WALNUT	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE KENNETH L	
STREET ADDRESS	111 E. WASHINGTON STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNG RODNEY	
STREET ADDRESS	305 S. ANDREWS AVE., SUITE 300	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	DOBBS ROBERT JJR.	
STREET ADDRESS	305 S. ANDREWS AVE., SUITE 300	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	KESSLER TOM	
STREET ADDRESS	305 S. ANDREWS AVE., SUITE 300	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKSON ROBERT H	
STREET ADDRESS	401 W MAIN STREET, SUITE 1500	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG RODNEY E	
STREET ADDRESS	305 S. ANDREWS AVE., SUITE 300	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON SHERMAN III	
STREET ADDRESS	9931 CORPORATE CAMPUS DR., SUITE 3000	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE JAMES R	
STREET ADDRESS	305 S. ANDREWS AVE., SUITE 300	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

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: Rodney E. Young

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)