

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 05-31-2000 90034 012 \*\*\*150.00

**DOCUMENT # F99000004162**

**1. Entity Name**  
**PYRAMID COMMUNICATIONS CORPORATION**

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>MAIN STREET<br>MANCHESTER CT 06045-2306 | <b>Mailing Address</b><br>P.O. BOX 2306<br>MANCHESTER CT 06045-2306 |
|---|---|

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>Suite, Apt. #, etc. |
|--|--|

|                         |                         |                                    |   |
|-------------------------|-------------------------|------------------------------------|---|
| <b>City &amp; State</b> | <b>City &amp; State</b> | <b>4. FEI Number</b><br>06-1020226 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>Zip</b>              | <b>Country</b>          | <b>Zip</b>                         | <b>Country</b>  |

**6. Name and Address of Current Registered Agent**  
 FUNNELL, KIM  
 COMMUNICOM SERVICES  
 2025 NE SANTA FE BLVD.  
 HIGH SPRINGS FL 32643

**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** \_\_\_\_\_ (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.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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 807, 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.** *Linda E. Bennett* **LINDA E. BENNETT DIRECTOR** **4/27/00 (860) 647-8284**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)