

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90005 009 ***558.75

DOCUMENT # F99000006607

1. Entity Name
DURO COMMUNICATIONS, INC.

LR

Principal Place of Business
1211 SEMORAN BOULEVARD, SUITE 217
CASSELBERRY FL 32707

Mailing Address
1211 SEMORAN BOULEVARD, SUITE 217
CASSELBERRY FL 32707

60074192



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1211 SEMORAN BLVD
 Suite, Apt. #, etc.
Suite # 217
 City & State
Casselberry FL-32707
 Zip
32707 Country
U.S.A

3. Mailing Address
1211 SEMORAN BLVD
 Suite, Apt. #, etc.
Suite # 217
 City & State
CASSELBERRY, FL
 Zip
32707 Country
U.S.A

4. FEI Number **59-3612983** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, JOHN C IV 411 FILLMORE STREET CORINTH MS 38834 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAYES, JOHN G GREAT HILL PARTNERS, 1 LIBERTY SQ., 5TH FL BOSTON MA 02109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMLEY, STEPHEN F GREAT HILL PARTNERS, 1 LIBERTY SQ., 5TH FL BOSTON MA 02109 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPPER, PETER B 1211 SEMORAN BOULEVARD, STE 217 CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEIMBOUCH, MARK 1211 SEMORAN BOULEVARD, STE 217 CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIETZ, DAVID F EXCHANGE PLACE BOSTON MA 02109-2881 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

DIRECTOR
BRUCE ROGOFF
GREAT HILL PARTNERS, 1 LIBERTY SQ, 5TH FL
BOSTON MA 02109 ☐ Change ☒ Addition

PRESIDENT - C.E.O
OSVALDO defaria, Jr.
1211 SEMORAN BLVD, STE 217
CASSELBERRY FL-32707 ☐ Change ☒ Addition

TREASURER
STEVEN SAPP
1211 SEMORAN BLVD, STE 217
CASSELBERRY FL-32707 ☐ Change ☒ Addition

SECRETARY
STEVEN SAPP
1211 SEMORAN BLVD, STE 217
CASSELBERRY FL-32707 ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: *Osvaldo defaria Jr.* **OSVALDO defaria Jr, C.E.O** 6/6/01 407-673-8500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)