

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90105 028 ***150.00

DOCUMENT # G12251

1. Entity Name
RUSSELL COMMUNICATIONS, INC.

Principal Place of Business
~~1937 CANTERBURY CIRCLE~~
~~WEST PALM BEACH FL 33414~~
~~US~~

Mailing Address
~~P.O. BOX 20196~~
~~WEST PALM BEACH FL 33416~~
~~US~~



2. Principal Place of Business
901 MARTIN DOWNS BLVD
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 372
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM CITY, FLORIDA
 Zip
34990

City & State
STUART, FLORIDA
 Zip
34995

4. FEI Number
59-2373751

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN W. RUSSELL
~~1937 CANTERBURY CIRCLE~~
~~WEST PALM BEACH FL 33414-8240~~

7. Name and Address of New Registered Agent

Name **JOHN W. RUSSELL**
 Street Address (P.O. Box Number is Not Acceptable)
901 MARTIN DOWNS BLVD
 City **PALM CITY FL** Zip Code **34990**

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 **JOHN W. RUSSELL** DATE **1/9/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, JOHN W. 1937 CANTERBURY CIRCLE WEST PALM BEACH FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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 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 type="checkbox"/> 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 all other like empowered.

SIGNATURE: **JOHN W. RUSSELL** DATE **1/9/02** 561-463-6551 Daytime Phone #

11

CR2E034 (9/01)