2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 08, 2004 8:00 am Secretary of State DOCUMENT # G60910 1. Entity Name 04-08-2004 90037 050 ***158.75 FLORIDA DATA COMMUNICATIONS, INC. Mailing Address Principal Place of Business C/O GEORGE IRVINE JR. C/O GEORGE IRVINE JR. 2965 STATE ROAD #84 FT. LAUDERDALE FL 33312 2965 STATE ROAD #84 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State 4. FEI Number City & State 59-2696866 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEORGE M. IRVIVE IRVINE, GEORGE JR. Street Address (P.O. Box Number is Not Acceptable) 2965 W. SR 84 FT. LAUDERDALE FL 33312 2965 W. STATE ROAD FT. LANDEZ DALE 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. I am familiar with, and accept the obligations of registered agent. GEORGE M. DEVINE III PRES. 4.6.04 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DC ☐ Change Addition TITLE ☐ Delete TITLE IRVINE JR, GEORGE M. NAME NAME STREET ADDRESS 2965 W. STATE RD. #84 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Delete Change Addition TITLE COLLER, SCOT M NAME NAME 2965 W STATE RD 84 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE IRVINE, JOAN M. NAME STREET ADDRESS 2965 W. STATE ROAD 84 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Addition ☐ Delete TITLE PRESEDENT ☐ Change TITLE NAME NAME GEORGE M. DUWE TU STREET ADDRESS STREET ADDRESS 2965 W. STATE ROAD 34 CITY-ST-ZIP CITY-ST-ZIP FT. MUSSEAUC, FL 363+2 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SLOT M. COLLER 4.6.04

Date

☐ Change

☐ Addition