

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

1999-2000 UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 10 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H21936

1. Corporation Name

NEW PARADIGM COMMUNICATIONS, INC.

Principal Place of Business

4310 N.E. 17TH AVE.  
OAKLAND PARK FL 33334  
US

Mailing Address

P.O. BOX 2500  
FORT LAUDERDALE FL 33303-0250

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1919 NE 45 Street # 222

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33308

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1984

5. FEI Number

59-2517373

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVD	LEDBETTER, DEAN	P. O. BOX 030250 N/A	FT. LAUDERDALE FL
			600003350186--1
			-08/08/00--01105--006
			***300.00 ***300.00

8. Name and Address of Current Registered Agent

CRANMER, R. BRUCE  
15140 UNIVERSITY DRIVE # 214  
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/00

Date

84-28-2511

Daytime Phone #

CR2E040 (8/99)

2 of 2

# New Paradigm Communications, Inc.

Dean I. Ledbetter  
Director of Operations

Florida Secretary of State  
Corporate Annual Reports  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

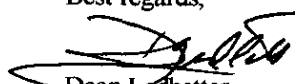
Dear Sir,

I did not receive the Annual Report Filing form for New Paradigm last year. I called the Department after I received notice tat the corporation had been dissolved and was told just to send in \$300 along with a letter of explanation regarding the late filing.

Perhaps my letter was lost or never got inserted into the package by my own staff. Regardless I need this corporation reinstated as it still provides a corporate umbrella of protection for the stockholders.

I hope you will reinstate New Paradigm Communications, Inc. immediately. If there is a problem even after receiving this letter please cal me.

Best regards,

 7/1/00

Dean Ledbetter

Director

NEW PARADIGM COMMUNICATIONS, INC.