2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2005 8:00 am Secretary of State

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DOCUMENT # H23511 1. Entity Name METROPOLITAN COMMUNICATIONS, INC.						00002 001 ***150	
Principal Plac	e of Business	Mailing Address					
7101 COVE PLACE		P.O. BOX #47058				5000037	£ .
TAMPA, FL 33617 US		TAMPA, FL 33647 U	JS			2000031	U
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2. Principal Place of Business		3. Mailing Address				iy dian birii fish birik birii b	[[[]]] [] [] []
Suite, Apt. #, etc.		Suite, Apt. #, etc.			a . B	000000000000	
				01042005	Chg-P	CR2E034 (10/03)
City & State		City & State		4. FEI Numbe	er		Applied For
				59-245	9823		Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 A	
		4 D = 1.4 = -44	···	7 N	A	Fee Requir	red
	6. Name and Address of Curren	registered Agent	Name	7. Name and	Address of New F	registered Agent	
WALKER, LAURA L							
3907 NOR	TH BOULEVARD		Street Addre	ess (P.O. Box Numbe	er is Not Acceptabl	e)	
TAMPA, FL 33603							
ļ							
		4	City			FL Zip Co	de
8. The above	named entity submits this statement	for the purpose of changing its i	registered office or reg	gistered agent, or bot	h, in the State of Fl	orida. I am familiar with	h, and accept
	tions of registered agent.			•			
1							
L CICMATLIDE							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE	<u></u>
SIGNATURE	Signature, typed or printed name of registered ager					DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig	gn Financing	\$5.00 May Be	_	DATE	
FIL		9. Election Campaig	gn Financing			DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaiq .00 Trust Fund Contr	gn Financing	\$5.00 May Be Added to Fees	CHANGES TO OF	DATE	RS IN 11
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12. 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 upder 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

SIGNATURE: _

City-St-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 (813) 988-8206