2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State **DOCUMENT# # H64175** 1. Entity Name. 05-20-2002 90068 016 ***150.00 D&W COMMUNICATIONS, INC. ting On High St ATHUR WHILE Principal Place of Business Mailing Address -1403 CHURCH ST. 1403 CHURCH ST. MARIANNA FL 32448 MARIANNA FL 32448 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2545067 Not Applicable Zip 📈 🎋 🚊 🥎 Zin 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 ALFORD, WAYNE Street Address (P.O. Box Number is Not Acceptable) 1403 CHURCH ST. MARIANNA FL 32448 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 10. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 1949 1949 12. 11. ☐ Addition ☐ Change □ Delete TITLE TITLE PST . NAME NAME ALFORD, WAYNE 4. STREET ADDRESS STREET ADDRESS 1403 CHURCH ST: Coff si zie CITY-ST-ZIP MARIANNA FL 32448 ☐ Addition ☐ Delete TITLE ☐ Change TITLE ALFORD, WAYNE NAME NAME STREET ADORESS STREET ADDRESS 1403 CHURCH ST. CITY-ST-ZIP CITY-ST-7IP MARIANNA FL 32448 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ALFORD, DEBORAH STREET ADDRESS STREET ADDRESS 1403 CHURCH ST. CITY-ST-ZIP" CITY-ST-ZIP MARIANNA FL 32448 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED