2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # J04854 1. Entity Name SOUTHERN DATACOMM, INC. Principal Place of Business Mailing Address 10700 76TH CT 10700 76TH CT LARGO, FL 33777 LARGO, FL 33777 US US 04202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2672369 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENG, GARY DO NOT WRITE 15 TURNER ST. #4 CLEARWATER, FL 33756 IN THIS SPACE 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulated when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTS TITLE NAME ENG, GARY U00000134284 STREET ADDRESS 15 TURNER ST. 04/28/04-80014-008 150.00 CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME SPROAT, JEFF STREET ADDRESS 16113 ANCROFT CT. CITY-ST-ZIP TAMPA, FL 33647 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 under oath; that I am an officer or director of the corporation or the receiver or trusted 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 expression, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ATURY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/04 727-