2004 FOR PROFIT CORPORATION

Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT 4-29-2004 90251 039 ***150.00 DOCUMENT # J17661 TELEPHONE SYSTEMS INSTALLERS WEST COAST COMMUNICATIONS, INC. Principal Place of Business Mailing Address 2002 US HWY 41 511 MANATEE DR., S.W. RUSKIN, FL 33570 RUSKIN, FL 33570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2682190 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TICHY, DONALD J. 511 MANATEE DRIVE SW Street Address (P.O. Box Number is Not Acceptable) RUSKIN, FL 33570 City Zip Code 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. 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 required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΠ TITLE Change ☐ Addition ☐ Delete TITLE TICHY, DONALD J. NAME NAME STREET ADDRESS 511 MANATEE DRIVE SW STREET ADDRESS CITY-ST-ZIP RUSKIN, FL CITY-ST-ZIP TITLE **VPST** ☐ Delete TITLE ☐ Change ☐ Addition TICHY, DEBORA NAME NAME 511 MANATEE DRIVE SW STREET ADDRESS STREET ADDRESS RUSKIN, FL 33570 CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY, ST-ZIP CITY-ST-ZIP Delete Addition Change TITLE TITLE NAME NAME STREET ADORESS 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 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 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.

E OF SIGNING OFFICER OR DIRECTOR

FILED