## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2002 8:00 am Secretary of State **DOCUMENT #** J71747 1. Entity Name ANTEC, INC. 05-13-2002 90057 026 \*\*\*150.00 Principal Place of Business Mailing Address 1759 N FLORIDA MANGO RD 1759 N FLORIDA MANGO RD STF 7 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2800584 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 SHELBY, RICHARD E. Street Address (P.O. Box Number is Not Acceptable) 1759 NORTH FLORIDA MANGO ROAD #7 WEST PALM BEACH FL 33409 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE ☐ Change CR2E034 (9/01) ☐ Addition SHELBY, RICHARD E. NAME 1759 NO. FLORIDA MANGO ROAD #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP ☐ Defete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

Shelhy Pres 4-23-02 56/6875107
Date Dayline Phone #

FILED