## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # J99424** Apr 03, 2000 8:00 am Secretary of State RIGDON COMMUNICATIONS, INC. 04-03-2000 90003 031 \*\*\*158.75 Principal Place of Business Mailing Address 805 S ORLANDO AVE 805 S ORLANDO AVE WINTER PARK FL 32789-4869 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2852721 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRANT, GEORGE W. Street Address (P.O. Box Number is Not Acceptable) 805 S ORLANDO AVE SUITE B WINTER PARK FL 32789 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE GRANT, GEORGE W. NAME STREET ADDRESS STREET ADDRESS 805 S ORLANDO AVE STE B CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete Change ■ Addition RIGDON, RICHARD J. NAME NAME STREET ADDRESS 805 S ORLANDO AVE, SUITE B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Delete ☐ Change ■ Addition TITLE TITLE FIGUEROA, THOMAS NAME NAME 805 S ORLANDO AVE, SUITE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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