

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10002

Entity Name  
Panama City Communications, Inc.

Principal Place of Business  
Park 80 West  
Plaza II  
Saddle Brook, NJ 07663

Mailing Address  
Park 80 West  
Plaza II  
Saddle Brook, NJ 07663

3. Mailing Address  
Suite, Apt. # etc.  
City & State  
Zip Country

FILED  
00 MAY 22 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Meehan, K. Patrick  
c/o Holland & Knight LLP  
400 North Ashley Dr., Suite 2300  
Tampa, FL 33802

7. Name and Address of New Registered Agent  
Name  
CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
City Plantation FL Zip Code 33324

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 *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY DATE *5/19/00*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meehan, Patrick K.		NAME	Robert Price	
STREET ADDRESS	Park 80 West, Plaza II		STREET ADDRESS	Park 80 West, Plaza II	
CITY-ST-ZIP	Saddle Brook, NJ 07663		CITY-ST-ZIP	Saddle Brook, NJ 07663	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Pressman		NAME	Robert Price	
STREET ADDRESS	Park 80 West, Plaza II		STREET ADDRESS	Park 80 West, Plaza II	
CITY-ST-ZIP	Saddle Brook, NJ 07663		CITY-ST-ZIP	Saddle Brook, NJ 07663	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Wasserman		NAME		
STREET ADDRESS	Park 80 West, Plaza II		STREET ADDRESS		
CITY-ST-ZIP	Saddle Brook, NJ 07663		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Michael Wasserman* Michael Wasserman 5/18/2000 201-226-4700