FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 29, 2001 8:00 am **DOCUMENT # K37019 Secretary of State** 1. Entity Name TONER COMMUNICATIONS, INC. 03-29-2001 90408 048 ***150.00 Principal Place of Business Mailing Address 3030 NORTH ROCKY POINT DRIVE, WEST 3039 NORTH ROCKY POINT DRIVE. WEST SUITE 280 00029502 TAMPA FL 33607-5982 TAMPA FL 33607-5902 3. Mailing Address 2. Principal Place of Business . 7650 W. Courtney Campbell Cswy. 1650 W. Courtney Campbell Cswy Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 275 275 City & State City & State 4. FEI Number Applied For 59-2922687 Florida Tampa Not Applicable Tampa \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 33607-</u> 33*60*7-7*8* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Stephen J. Toner</u> TONER, STEPHEN J. Street Address (P.O. Box Nymber is Not Acceptable) 7650 W. Courtney Campbell 3030 ROCKY POINT DRIVE, WEST **SUITE 280** Suite 275 TAMPA FL 33607 33<u>607-720</u>7 Tampa 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 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete NAME TONER, STEPHEN J NAME STREET ADDRESS STREET ADDRESS 3030 NORTH ROCKY POINT DRIVE W., STE 280 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607-5902 ☐ Addition Delete TITLE ☐ Change TITLE NAME TONER. PAMELA NAME STREET ADDRESS STREET ADDRESS 3030 NORTH ROCKY POINT DRIVE W., STE 280 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607-5902 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY ≠ ST - ZIP

IGNETURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 (813)282-9099 Daying Phone #