FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State DOCUMENT # K37019 1. Entity Name 04-29-2002 90062 041 ***150.00 TONER COMMUNICATIONS, INC. Principal Place of Business Mailing Address 7650 W-GOURTNEY-CAMPBELL-GOWY 7650 W COURTNEY CAMPBELL CSWY 275 275 TAMPA FL 39607-7207-TAMPA-FL-93607-7207 ₩6~ US 2. Principal Place of Business 3. Mailing Address 101 Channelside Dr. Channelside Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State 4. FEI Number Applied For Florida 59-2922687 Tamp Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TONER, STEPHEN J. S (P.O. Box Number is Not Acceptable 7650-W-COURTNEY-GAMPBELL-CAUSEWAY **OUITE 275** TAMPA-FL-08007-7207 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. SIGN/**₩**URE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Toner, Stephen J. Change Addition TITLE ☐ Delete TITLE CR2E034 (9/01) NAME TONER, STEPHEN J NAME 1101 Channelside Dr., Ste 266 STREET ADDRESS 3030 NORTH ROCKY POINT DRIVE W., STE 280 STREET ADDRESS Tampa, Florida 33602 CITY-ST-ZIP TAMPA FL 83607-5902 CITY-ST-ZIP ST ☐ Delete TITLE Change Addition NAME TONER, PAMELA NAME Éhannelside Dr. Ste 266 STREET ADDRESS STREET ADDRESS 3030 NORTH ROCKY POINT DRIVE W.: STE-280-CITY-ST-ZIP TAMPA-FL-33607-5902 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 STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: