2002 UNIFORM BUSINESS REPORT (UBR)

NAME STREET ADDRESS 174 PLANTATION AVE TAVERNIER FL 33070 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TO DAVILA, MilTON NAME STREET ADDRESS CITY-ST-ZIP TO DAVILA, MilTON STREET ADDRESS CITY-ST-ZIP BECA RATON, FL 33432	DOCUMENT # K53987 1. Entity Name RTV COMMUNICATIONS GROUP, INC.					FILED 02 JUL -2 PM 4:11			
Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. City & State Country Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For Not	174 PLANTAT	ION AVE		*					
City & State City & State City & State City & State Country Country Country Country Country Country Country Country Stock City Country Country Stock Country Stock City Stock City Stock Address of Current Registered Agent Name Name Name Name Name Name Name City Stock Address (P.O. Box Number is Not Acceptable) Stock Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City City City City	Principal Place of Business 3. Mailing Address								
Country Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additiona	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Steel Address of New Registered Agent Steel Address of New Registered Agent Name	City & State		City & State		4.	FEI Number 65-0124703	 		
8. Name and Address of Current Registered Agent PHILLIPS, JOHN F ATTY 1401 SOUTH ANDREWS AVENUE FT. LAUDERDALE FL 33316 City FL Zip Code 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 Floride. SIGNATURE 9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WAWE SCHACKINER, ROBERT 174 PLANTATION AVE CITY-51-2P TAY PLANTATION AVE CITY-51-2P TAY PLANTATION AVE SIRET ADDRESS CITY-51-2P TITLE NAME SCHORLINY, WOTOR- SIRET ADDRESS CITY-51-2P TITLE NAME NAME SIRET ADDRESS CITY-51-2P TITLE NAME	Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad	ditional	7
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 liste if applicable. (NOTE: Registered Agent signature required when reinstating) P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria and elects to do so. (See	1401 SOL	JOHN F ATTY JTH ANDREWS AVENUE						1 1 2 1 1 1	
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TITLE NAME SCUDICAY, VICTOR ARPORT PLAZA, ROUTE 36 CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME NAME NAME NAME Delete TITLE NAME NAME	TITLE NAME	PV SCHACHNER, ROBERT	HRECTORS	12. TITLE NAME		L DITIONS/CHANGES TO OFFICERS		S IN 11	TO 101011
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TITLE NAME 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 supplier that 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 compression or the register or the register or the register of the same legal effect as if made under oath; that I am an officer or director.	NAME STREET ADDRESS		L. Delete	NAME STREET ADORESS			∐ Change	☐ Addition	

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