

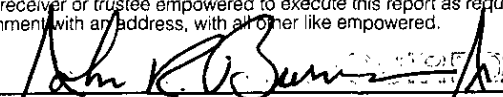
**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**  
04-28-2000 90027 014 \*\*\*150.00

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( 41583 )



DO NOT WRITE IN THIS SPACE

DOCUMENT # K85937			
1. Entity Name <b>COMMUNACAT, INC.</b>			
Principal Place of Business C/O JOHN R BURNS 3101 SOUTHWEST 34TH AVE #905 OCALA FL 34474 US		Mailing Address C/O JOHN R. BURNS 3101 SOUTHWEST 34TH AVE #905 OCALA FL 34474-4432 US	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                  Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                  Country	
<b>6. Name and Address of Current Registered Agent</b>			
BURNS, JOHN R. 3101 S W 34TH AVE #905 UNIT 905 OCALA FL 34474			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BURNS, JOHN R. 3101 S W 34TH AVENUE #905 OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 609.1 indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the signature of the receiver or trustee empowered to execute this report as required by Chapter 609.1 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			