FILED May 22, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) 40679 **DOCUMENT #** 1. Entity Name 05-22-2001 90027 018 \*\*\*158.75 Mailing Address Principal Place of Business 659233 3. Mailing Address 2. Principal Place of Business Bax 3138 3646 O6 Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Suite (くつ 4. FEI Number Applied For City & State City & State 0163796 antana Not Applicable 65-PKE Country Parm But 33461 \$8.75 Additional 5. Certificate of Status Desired Pain Buh Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HART, RAYMOND R. Street Address (P.O. Box Number is Not Acceptable) 3646 23 Ame Su. Suite 102 Zip Code City CAKE WORTH, IT 33461 FL 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida - **3**u-SIGNATURE (NOTE: Registered Agent signature required when reinstating) rinted name of registered agent and title if applicable FILE NOW!!! PEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001, Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition Change ☐ Delete TILE TITLE NALE NAME HART, RAUMOND R. STREET ADDRESS STREET ADDRESS 36 46 23 Ame S CAKE WORTH CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME SAME STREET ADDRESS STREET ADDRESS 95 ABULA CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete 5170 NAME NAME STREET ADDRESS STREET ADDRESS SAME PS ABOVE CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \_

Attachment



Bepartment of State

I certify from the records of this office that HAM COMMUNICATIONS, INC. is a \_\_\_ corporation organized under the laws of the State of Florida, filed on January 5, 1990.

The document number of this corporation is L40679.

I further certify that said corporation has paid all fees due this office through December 31, 2000, that its most recent annual report/uniform business report was filed on June 23, 2000, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Thirtieth day of June, 2000

THE STATE OF THE S

CR2EO22 (1-99)

K**atherine Harris** Katherine Harris Secretary of State