FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90099 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47478

90084085

1. Entity Name
DIVERSIFIED COMMUNICATIONS SERVICES, INC.

Principal Place of Business	Mailing Address
1201 SW 123RD AVE PEMBROKE PINES, FL 33025 US	1201 SW 123 AVE PEMBROKE PINES, FL 33025 US

CHECK HERE IF MAKING CHANGES. ✓

2. Principal Place of Business	3. Mailing Address
9330 NW 15 Court	9330 NW 15 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number 65-0176215 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TISON-ROSSMAN, JOANNE P.
1201 SW 123AVE
PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 9330 NW 15 Court
City: Pembroke Pines FL Zip Code 33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joanne Tison-Rossman 4-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TISON-ROSSMAN, JOANNE P 1201 SW 123 AVE PEMBROKE PINES, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change Address ☐ Addition 9330 NW 15 Court Pembroke Pines FL 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne Tison-Rossman 4-10-03 954-438-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #