FILED

#PH

2001	UNIFORM	BUSINESS	REPORT	(UBR)

Sep 05, 2001 8:00 am Secretary of State **DOCUMENT #** 1. Entity Name TELE-VISUAL COMMUNICATIONS, INC. 09-05-2001 90001 009 ***550.00 Principal Place of Business Mailing Address 300 S. DUNCAN AVE. 300 S. DUNCAN AVE. **SUITE 112** SUITE 112 CLEARWATER FL 33755 CLEARWATER FL 34615 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3017495 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWDER, DAVID JR. Street Address (P.O. Box Number is Not Acceptable) 305 S. DUNCAN AVENUE **CLEARWATER FL 34615** 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE (5/01)☐ Delete Change Addition BARRETT, ERIKA L. NAME Hemmer Fred 300 S DUNCAN AVE #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WHEAT, GREGORY L. NAME STREET ADDRESS 300 S DUNCAN AVE #112 STREET ADDRESS CITY-ST-7IP CLEARWATER FL CITY-ST-ZIP TITLE Delete ---TITLE ■ Addition _ Change NAME FIELD, LONNA R. NAME Dennis Rupple STREET ADDRESS 300 S. DUNCAN AVE #112 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Delete TITLE Change ☐ Addition NAME BARRETT, MICHELE NAME 300 S DUNCAN AVE, 112 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33755** CITY-ST-7IP CITY-ST-ZLP TITLE **X** Delete TITLE ☐ Change ☐ Addition NAME LAMBERT, HARRY NAME STREET ADDRESS 300 S DUNCAN AVE. STE 112 STREET ADDRESS **CLEARWATER FL 33755** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change HAMMER, FRED NAME NAME 300 S DUNCAN AVE, STE 112 STREET ADDRESS 300 L. Duneun Ase, Ste 112 STREET ADDRESS CITY-ST-7IP **CLEARWATER FL 33755** CITY-ST-ZIP Clw, FL 33155

13. I hereby certify that the information supplied with this filling 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 the corporation of 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 the corporation of 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 the corporation of 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 the corporation of 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 the corporation of 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 the corporation of the receiver of of the rec

SIGNATURE