2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   M77445

1. Entity Name
RANDLE COMMUNICATIONS, INC.

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90143 027 ***150.00

Principal Place of Business	Mailing Address
% JOHN RANDLE	% JOHN RANDLE
228 SHADY OAKS CIRCLE	228 SHADY OAKS CIRCLE
LAKE MARY FL 32746	LAKE MARY FL 32746

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 59-2923660

Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐

Applied For / Not Applicable

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
RANDLE, JOHN	Name
228 SHADY OAKS CIRCLE	Street Address (P.O. Box Number is Not Acceptable)
LAKE MARY FL 32746	
	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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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 DPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME RANDLE, JOHN		NAME	
STREET ADDRESS 228 SHADY OAKS CIRCLE		STREET ADDRESS	
CITY-ST-ZIP LAKE MARY FL		CITY-ST-ZIP	
TITLE DVT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME RANDLE, PAMELA		NAME	
STREET ADDRESS 228 SHADY OAKS CIRCLE		STREET ADDRESS	
CITY-ST-ZIP LAKE MARY FL		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _Pamela J. Randle_   4/1/03   407-323-4567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #