200 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M82097** 1. Entity Name VERO BEACH COMMUNICATIONS, INC. Principal Place of Business Mailing Address 4700 39TH AVE 4700 39TH AVE VERO BEACH FL 32967 VERO BEACH FL 32967 2. Principal Place of Business 3. Mailing Address 2255 GLADES RD 1255 GLADES RD Suite, Apt. #, etc. Suite, Apt. #, etc. #_~237 #237 City & State City & State RATON BOCA BOXA RATON Zip 3743, Country Zip Country 33431 ΛŁυ USA

8. The above named entity submits this statement for the purpose of changing its registered office or registered

red agent and title if applicable

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

SALTER, CHRISTINE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

SALTER, CHRISTINE

4700 39TH AVE

VERO BEACH FI

4700 39TH AVE VERO BCH, FL 32967

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

NAME

NAME STREET ADDRESS

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

City-St-ZiP TITLE

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

Apr 19, 2001 8:00 am Secretary of State

•			04-19-2001 90318 023 ****150.00			
iling Address 39TH AVE D BEACH FL 32967			, .	e e acc	~ ~	
failing Address 22.55			DO NOT WRITE IN THIS SPACE			
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ity & State COA RATON FL		4.	4. FEI Number 59-2900238		No	nt Applicable
943,	Country USA-		Certificate of Status Desir	ea 🗀	\$8.75 Add Fee Require	
ered Agent 7. Name and Address of New Registered Agent Name						
Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES RD. # 237						
	City	BOCA	RATON	FL	Zip Code	.3/
price of changing its registered office or registered agent, or both, in the State of Florida. 4- //- 0 / Applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing						
After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			Trust Fund Contril	· -		O May Be to Fees
TORS	12.	DPS	DDITIONS/CHANGES TO	OFFICERS AND		
☑ Delete	NAME STREET ADDRESS CITY-ST-ZIP	MITCHE 2255 6	LL RUBENSTEN SLAPES RD RATON, FL 3	# 237	Change	Addition
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13. Thereby 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 eath; 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:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR