

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90018 024 ****61.25

DOCUMENT # N04000000705

1. Entity Name
REACH COMMUNICATIONS, INC.



Principal Place of Business
**2401 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**

Mailing Address
**2401 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0651940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, MARK T
2401 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COY, ROBERT J	
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DAVIS, MARK T	
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIMS, CARL	
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHINELLY, JOHN	
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, TIM	
STREET ADDRESS	2000 NORTHWEST 44 STREET	
CITY - ST - ZIP	OAKLAND PARK, FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECOCKS, CLAY	
STREET ADDRESS	2401 WEST CYPRESS CREEK ROAD	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Deeb	
STREET ADDRESS	2401 W. Cypress Creek Rd.	
CITY - ST - ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Nelson	
STREET ADDRESS	2401 W. Cypress Creek Rd.	
CITY - ST - ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Shelton	
STREET ADDRESS	2401 W. Cypress Creek Rd.	
CITY - ST - ZIP	Ft. Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephan N. Tchividjian	
STREET ADDRESS	2401 W. Cypress Creek Rd.	
CITY - ST - ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:

Mark T. Davis

MARK T. DAVIS, Vice-President

2-12-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #