2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # N12200 1. Entity Name 04-18-2000 90017 001 ***122.50 W B C COMMUNICATIONS, INC. Mailing Address Principal Place of Business ┈⋌⋓⋊ਸ਼*⋷*⋊⋓⋩⋘ХХХХХХХХХХХХХХХЖ**₩₩Ж**Ж**Ж** 7775 HERLONG ROAD 7775 HERLONG ROAD JACKSONVILLE FL 32210-2527 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1028789 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) RUSSELL, CARL K 7775 HERLONG RD JAX FL 32210 Zip Code FL 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. CARL K. RUSSELL. PRESIDENT 4/11/00 garage of the SIGNATURE . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RUSSELL, CARL K NAME CR2E037 STREET ADDRESS STREET ADDRESS 7775 HERLONG RD CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32210 ☐ Change ☐ Addition TITLE D ☐ Delete TITLE BARNES, MARK NAME STREET ADDRESS STREET ADDRESS 7775 HERLONG ROAD CITY-ST-ZIP -CITY-ST-ZIP Jacksonville FL 32221 ☐ Change ■ Addition THTLE ☐ Delete TITLE NAME NELSON, SUSAN S NAME STREET ADDRESS STREET ADDRESS 8936 COUNTRY MILL LANE CITY-ST-ZIF CITY-ST-ZIP Jacksonville FL <u>3</u>2222 Addition TITLE ☐ Delete TITLE ☐ Change NAME douglas, eva H. NAME STREET ADDRESS STREET ADDRESS 9664 HERSHAM CT CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL TITLE ☐ Change Addition ☐ Delete TITLE SIMMONS, MYRA F. NAME NAME

12. 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 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

5400-10 LAMOYA AVENUE

JACKSONVILLE FL 32210

7775 HERLONG ROAD

Jacksonville FL 32210

Stoll. Jeff

MAJURE SO OLICARE [K. RUSSELL, PRESIDENT 4/10/00 904-781-0618 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

☐ Change