FILED

7277-641-9570

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P0000002721 1. Entity Name PLANET X COMMUNICATIONS, INC. 04-10-2001 90081 043 ***150.00 Principal Place of Business Mailing Address 5165 SALMON DRIVE SE #D 5165 SALMON DRIVE SE #D SAINT PETERSBURG FL 33705 SAINT PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address 499 Bayriew 419 Barriew Orle NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For St. retershing · le ters 59-3632426 Not Applicable Country... 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 ana, WAYAND, DAWN M Street Address (P.O. 8ox Number is Not Acceptable) 5165 SALMON DRIVE SE #D SAINT PETERSBURG FL 33705 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete NAME WAYAND, DAWN M NAME 419 Bayview Drive NE STREET ADDRESS STREET ADDRESS 5165 SALMON DRIVE SE #D CITY-ST-ZIP CITY-ST-ZIP saint Petersburg, FL 33704 SAINT PETERSBURG FL 33705 TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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-7/P CITY-ST-ZIP 13. 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 11 or Block 12 if