

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
 03-28-2002 90360 016 ***158.75

DOCUMENT # P00000010805

1. Entity Name
DSP COMMUNICATIONS ARTS, INC.

Principal Place of Business

ROUTE 1 BOX 395
BRYCEVILLE FL 32009

Mailing Address

ROUTE 1 BOX 395
BRYCEVILLE FL 32009

now known as

now known as

2. Principal Place of Business

7192 CR 121
 Suite, Apt. #, etc.

3. Mailing Address

7192 CR 121
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bryceville Fla

City & State

Bryceville, Fla

4. FEI Number

59-3704382

Applied For

Not Applicable

Zip

Country

32009

USA

Zip

Country

32009

USA

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PORTER, DONNA

RT. 1 BOX 395 (BRANDY BRANCH RD.)
BRYCEVILLE FL 32009

after 2-1-02
now known as
7192 CR 121

7. Name and Address of New Registered Agent

Name **Porter, Donna**

Street Address (P.O. Box Number is Not Acceptable)
7192 CR 121

City **Bryceville**

FL

Zip Code **32009**

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.

SIGNATURE *Donna Porter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-14-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **PORTER, DONNA S**
 STREET ADDRESS **ROUTE 1 BOX 395**
 CITY-ST-ZIP **BRYCEVILLE FL 32009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same - D** ☐ Change ☐ Addition
 NAME **Same - Porter, Donna**
 STREET ADDRESS **7192 CR 121**
 CITY-ST-ZIP **Bryceville Fla 32009**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Porter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

Daytime Phone #

CR2E034 (9/01)