

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90350 036 ***150.00

DOCUMENT # P00000020842
 1. Entity Name
 CommunicationsWorks, Inc.

Principal Place of Business Mailing Address
 CORRECT ADDRESS BELOW

00055764

2. Principal Place of Business 2331 N. State Rd. 7
 Suite, Apt. #, etc. Suite 201
 City & State Lauderhill, Fl

3. Mailing Address 2331 N. State Rd. 7
 Suite, Apt. #, etc. Suite 201
 City & State Lauderhill, Fl

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990367
 Applied For Not Applicable

Zip Country 33313 USA
 Zip Country 33313 USA

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

6. Name and Address of Current Registered Agent
 Denise Baker Lawrence
 3333 SW 15th Street
 Deerfield Beach, Fl 33442

7. Name and Address of New Registered Agent
 Name Brown, John & Company
 Street Address (P.O. Box Number is Not Acceptable) 4000 North State Road 7,
 Suite 403
 City Lauderdale Lakes FL Zip Code 33319

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 3, 2001 Fee will be \$350.00
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 NAME	President / Director	<input type="checkbox"/> Delete
STREET ADDRESS	Denise Baker Lawrence	
CITY-ST-ZIP	3941 NW 34th Way Lauderdale Lakes, FL 33309	
TITLE NAME	Director	<input type="checkbox"/> Delete
STREET ADDRESS	Robert H. Skuggen	
CITY-ST-ZIP	1062 S. Military Trail, #205 Deerfield Bch, Fl 33442	
TITLE NAME	Director	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	Wendy D'Alessandro	
CITY-ST-ZIP	21788 Reflection Lane Boca Raton, Fl 33428	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Denise Baker Lawrence, President* 4-30-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)