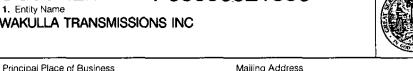
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000021303

DOCUMENT #

| WAKULLA TRANSMISSIONS II | NC | 3 |
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FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90226 012 ***150.00

| Principal Place of Business 771 PORT LEON DR. P.O. BOX 351 ST. MARKS FL 32355 ST. MARKS FL | | | | ~ | 51 | | | | | | | |
|--------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|--------------------------|----------------------|---------------|---------------------|-------------------------------|------------------------------------------------------------|------------------------|--------------|------------|-----|
| 2. Principal P | lace of Busin | 988 | 3. Mai | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suit | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City | City & State | | | 4. 1 | FEI Number 59-3657074 | 657074 Applied Not App | | |] |
| Zip Country | | | Zip | Zip Country | | | 5. (| 5. Certificate of Status Desired See Required Fee Required | | | |]. |
| 6. Name and Address of Current Registered Agent | | | | - | | 7. 1 | Name and Address of New Reg | istered Ag | ent | |] | |
| RUBY, ROBERT | | | | | | Name Street Addr | Box Number is Not Acceptable) | *** | | | - | |
| 51 LYNN (| CIR. | | | | | - Oli Golf Addin | | | **= | | | |
| ST. MARKS | S FL 32355 | | | | | | | | | | | |
| | | | | | | | | - - | FL | Zip Cod | le | |
| | named entity ions of registe | | ent for the purp | ose of changing its | registere | d office or reg | istered ag | ent, or both, in the State of Florid | a. I am fa | niliar with, | and accept | |
| SIGNATURE . | | <u> </u> | | | | | | | | | | |
| , | Signature, typed o | or printed name of registered | d agent and title if app | licable. (NOTE | E: Registered | Agent signature re | quired when re | einstating) | DATE | | | ╛ |
| | | FEE IS \$150.00 | | | | | | 9. Election Campaign Finan | cina | \$5.0 | 00 May Be | - |
| | | 3 Fee will be \$556 Florida Departme | | | | | | Trust Fund Contribution. | | | d to Fees | |
| 10. | - ayabic to | | AND DIRECTO | D0 | 11. | | | DITIONS/CHANGES TO OFFICE | DO AND F | VIDECTOR | <u> </u> | 4 |
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| | RUBY, ROB | BERT | | Delete | NAME | | | | | | | |
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| NAME | | | • | • | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | T ADDRESS ST-ZIP | | | | , | | |
| | Lertify that the | information europlic | d with this filing | does not qualify for | | | n Section | 119 07(3)(i) Florida Statutes I fu | ther certifi | that the it | nformation | 1 |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

9256682