3/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
03-14-2001 90200 017 ***150.00

59848

DOCUMENT # P00000032243

1. Entity Name
COMN CORPORATION

Principal Place of Business
6 OAKWOOD DR.
SEWALL'S PORT FL 34996

Mailing Address
6 OAKWOOD DR.
SEWALL'S PORT FL 34996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc. SAME AS ABOVE	Suite, Apt. #, etc. SAME AS ABOVE
City & State SAME AS ABOVE	City & State SAME AS ABOVE
Zip SAME AS ABOVE Country SAME AS ABOVE	Zip SAME AS ABOVE Country SAME AS ABOVE

4. FEI Number 65-1030301 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MIRKIN, MARK H ESQ.~~
~~4700 PALM BEACH LAKES BLVD., #580~~
~~WEST PALM BEACH FL 33401~~
~~PHILLIP GOODMAN~~
~~6 OAKWOOD DRIVE SEWALL'S PT FL~~

7. Name and Address of New Registered Agent

Name PHILLIP GOODMAN
Street Address (P.O. Box Number is Not Acceptable) 6 OAKWOOD DRIVE
SEWALL'S POINT
34996 FL Zip Code 34996

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 [signature] (PHILLIP GOODMAN) 3/25/01
Signature, typed or printed name of registered agent and title if applicable. (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 1, 2001 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD GOODMAN, PHILIP 6 OAKWOOD DRIVE SEWALL'S PORT FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] (PHILLIP GOODMAN, PRES 3/11/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 287-219-7800