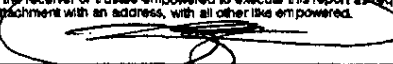


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91847 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

90129436

DOCUMENT # P00000033915			
1. Entity Name GOCOM GROUP, INC.			
Principal Place of Business 9715 W BROWARD BLVD STE 189 PLANTATION, FL 33324		Mailing Address 9715 W BROWARD BLVD STE 189 PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 85-1004328		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYER, PAUL 9715 W BROWARD BLVD STE 189 PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PSTD MEYER, PAUL 9715 W BROWARD BLVD STE 189 PLANTATION, FL 33324 ☐ Delete		☐ Change ☐ Addition	
D ARTHUR, PAUL 9715 W BROWARD BLVD STE 189 PLANTATION, FL 33324 ☒ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		PAUL MEYER 4/30/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Signature Phone #	

CR2034 (10/02)