2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am P00000040398 DOCUMENT # **Secretary of State** 1. Entity Name FRANKLIN COMMUNICATIONS. INC. 03-14-2002 90041 048 ***150.00 Principal Place of Business Mailing Address 43 BURNSIDE AVE 43 BURNSIDE AVE NORRISTOWN PA 19403 NORRISTOWN PA 19403 2. Principal Place of Business 3. Mailing Address Sunset Ave 2904 Sunset Avenue 2904 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Pa 59-3660270 Narcistaun. Norristawn Country US A Country USA \$8.75 Additional 5. Certificate of Status Desired 19401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCLELLAND, JR., CLIFTON A Street Address (P.O. Box Number is Not Acceptable) 1499 SOUTH HARBOR CITY BLVD **SUITE 201 MELBOURNE FL 32901** City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) President TITLE ☐ Delete TITLE ☐ Addition brow, Thomas 2904 Sunset Avenue **GROW, THOMAS** NAME NAME STREET ADDRESS **43 BURNSIDE AVE** STREET ADDRESS **NORRISTOWN PA 19403** CITY-ST-ZIP CITY-ST-ZIP Norristown, Pennsylvania Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP -- Change: - Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NORRESTORM PAR PORT NAME NAME as minimized also STREET ADDRESS STREET ADDRESS GEON' LHOWN CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

28 Feb 2002

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