2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000095864

1. Entity Name STANDARD COMMUNICATIONS CORP.



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90138 044 ***150.00

		प्रकार नेपाद के का स्टू											
Principal Place 4045 SHERIDA SUITE 349			4	Mailing A	RIDAN AVENUE		17548 T \$	· · · · ·	e me isa	ingger in a sign of the sign o	ر د بوروس	*** . ***** ** **	2 (1.4)
MIAMI FL 33140 MIAMI FL 33140													
2. Principal Place of Business				3. Mailing	3. Mailing Address					10111 03 111 00 11	! 11 111 4.6 111	1919) BIIGH (BIIG	11111 11111 11111
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1	CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. F	El Number 65-1	087928		├ ─ -	plied For ot Applicable
Zip Country		Zip			·y	3. Certificate of Status Desired			Fee Require	\$8.75 Additional Fee Required			
	6. Name	and Addres	s of Current	Registered A	gent			7. Na	ame and Address	of New Re	gistered	Agent	· ·
CHI Domini Al Domini							Name						
CULBRETH, ALFERD 4045 SHERIDAN AVENUE					Street Addres			(P.O. Box Number is Not Acceptable)					
SUITE 349													
MIAMI FL 33140						ļ	City				FI	Zip Code	e
8. The above the obligat	named entit tions of regist	y submits this tered agent.	s statement f	or the purpose	of changing its re	egistered	d office or register	red age	nt, or both, in the	State of Flor	rida. I am	n familiar with,	and accept
SIGNATURE	Signature, typed	or printed name o	f registered agent	and title if applicab	le. (NOTE:	Registered a	Agent signature required	d when rein	estating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									9. Efection Car Trust Fund (-		O May Be to Fees
10.	•			DIRECTORS		11.		ADE	DITIONS/CHANGE	S TO OFFI	CERS AN	ID DIRECTORS	3 IN 11
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NAME	CULBRETI	H, ALFRED			- Delete	NAME	ĺ					shange	
STREET ADDRESS 404 SHERIDIAN AVE STE 349						ADDRESS							
CITY-ST-ZIP	MIAMI FL	33140		•		CITY-S	ST-ZIP						
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CITY-ST-ZIP	ortify that the	a information	eupolical with	thio filing	n normality to 1	CITY-S	ntion stated in Sec	otion 11	10.07(9)(). 🖂	Ctatutes 11	fuether er	velific that the a fe	formation

Thereby certify that the information supplied with this liting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport is live, 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:

561-997-2463