

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000112875**1. Entity Name  
TERRA COMM, INC.**Principal Place of Business**

5449 SOUTH SEMORAN BLVD STE 233

ORLANDO  
32822

FL

**Mailing Address**

5449 SOUTH SEMORAN BLVD STE 233

ORLANDO  
32822

FL

**2. Principal Place of Business**

5575 SOUTH SEMORAN BLVD STE 30

**3. Mailing Address**

5575 SOUTH SEMORAN BLVD STE 30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

ORLANDO

FL

**City & State**

ORLANDO

FL

**4. FEI Number**

Applied For

☒ Not ApplicableZip  
32822

Country

Zip  
32822

Country

**5. Certificate of Status Desired**☒**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**WILSON KAREN M  
5449 SOUTH SEMORAN BLVD STE 233ORLANDO FL  
32822**7. Name and Address of New Registered Agent****Name**

WILSON KAREN M

Street Address (P.O. Box Number is Not Acceptable)  
5575 SOUTH SEMORAN BLVD STE 30City  
ORLANDO

FL

Zip Code  
32822

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 **KAREN M. WILSON****04/27/2001**

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**TITLE D ☐ Delete  
NAME PAGE THOMAS P  
STREET ADDRESS 401 E ROBINSON ST STE 105  
CITY-ST-ZIP ORLANDO FL 32801TITLE D ☐ Delete  
NAME SANDFORD LYNN P  
STREET ADDRESS 5449 SOUTH SEMORAN BLVD STE 233  
CITY-ST-ZIP ORLANDO FL 32822TITLE D ☐ Delete  
NAME ROMEO STEPHEN C  
STREET ADDRESS 5449 SOUTH SEMORAN BLVD STE 233  
CITY-ST-ZIP ORLANDO FL 32822TITLE D ☐ Delete  
NAME WILSON KAREN M  
STREET ADDRESS 5449 SOUTH SEMORAN BLVD STE 233  
CITY-ST-ZIP ORLANDO FL 32822TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition  
NAME SANDFORD LYNN P  
STREET ADDRESS 5575 SOUTH SEMORAN BLVD STE 30  
CITY-ST-ZIP ORLANDO FL 32822TITLE D ☒ Change ☐ Addition  
NAME ROMEO STEPHEN C  
STREET ADDRESS 5575 SOUTH SEMORAN BLVD STE 30  
CITY-ST-ZIP ORLANDO FL 32822TITLE D ☒ Change ☐ Addition  
NAME WILSON KAREN M  
STREET ADDRESS 5575 SOUTH SEMORAN BLVD STE 30  
CITY-ST-ZIP ORLANDO FL 32822TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: KAREN M. WILSON**

D

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)