

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90032 033 ***150.00

DOCUMENT # **FO1000008088** ✓

1. Entity Name **MPACT COMMUNICATIONS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2400 E. LAS OLAS

3. Mailing Address
2400 E. LAS OLAS

Suite, Apt. #, etc.
SUITE 394

Suite, Apt. #, etc.
SUITE 394

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
65-1083994

Applied For
☐ Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

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

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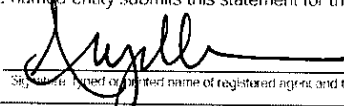
7. Name and Address of Current Registered Agent

Name **ANGELA FULCHER**

Street Address (P.O. Box Number is Not Acceptable)
413 IDLEWYLD DR.

City **FT. LAUDERDALE** FL Zip Code **33301**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **V.P.**
NAME **ANGELA FULCHER**
STREET ADDRESS **413 IDLEWYLD DR.**
CITY-ST-ZIP **FORT LAUD, FL 33301**

TITLE **PRESIDENT**
NAME **P. MINOR FULCHER**
STREET ADDRESS **413 IDLEWYLD DR.**
CITY-ST-ZIP **FORT LAUD, FL 33301**

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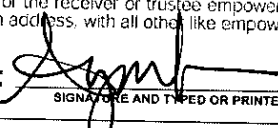
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA FULCHER **4/26/02** **954/461-6500**

Date

Daytime Phone #

CR2E034B (12/01)