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 # P01000080881

1. Entity Name: IMPACT COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2400 E. LAS OLAS	2400 E. LAS OLAS
Suite, Apt. #, etc.: STE. 394	Suite, Apt. #, etc.: STE 394
City & State: FORT LAUDERDALE FL	City & State: FORT LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1083994 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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: [signature] 4/26/02
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) ☐

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
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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] ANGELA FULCHER 4/26/02 954/467-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #