FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91392 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008088

1. Entity Name.
MPACT COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
2400 E. LAS OLAS STE. ~~394~~ 381 FT LAUDERDALE, FL 33301	2400 E. LAS OLAS STE. 394 FT LAUDERDALE, FL 33301

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. STE. 381		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FULCHER, ANGELA ~~413 IDLEWYLD DR.~~ FT LAUDERDALE, FL 33301	Name: Street Address (P.O. Box Number Is Not Acceptable): 2400 E. LAS OLAS STE 381 City: FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] ANGELA FULCHER 4/30/03
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
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULCHER, P MINOR ~~413 IDLEWYLD DR.~~ FT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2400 E. LAS OLAS STE 381	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULCHER, ANGELA ~~413 IDLEWYLD DR.~~ FT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2400 E. LAS OLAS STE 381	☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ANGELA FULCHER 4/30/03 954/805-0452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #