

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90041 025 \*\*\*108.75  
03-25-2002 90042 037 \*\*\*\*41.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000020913**

1. Entity Name  
**DIRECT SOURCE COMMUNICATIONS, INC.**

Principal Place of Business <b>12088 ANDERSON RD #126 TAMPA FL 33625</b>	Mailing Address <b>12088 ANDERSON RD #126 TAMPA FL 33625</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5688 W. CRENSHAW ST</b>	3. Mailing Address
Suite, Apt. #, etc. <b>SUITE 200</b>	Suite, Apt. #, etc.
City & State <b>TAMPA, FL</b>	City & State

Zip <b>33635</b>	Country <b>Hillsborough</b>	Zip <b>33635</b>	Country
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4. FEI Number <b>01-0559276</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**CHONG, DAVID**  
**12088 ANDERSON RD #126**  
**TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

DATE **1-9-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>CHONG, DAVID</b> <b>12088 ANDERSON RD #126</b> <b>TAMPA FL 33625</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>CRUZ, TANYA L</b> <b>5902 N 22 STREET</b> <b>TAMPA FL 33610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LINDSAY, LENA</b> <b>82 LEDGEWOOD DR</b> <b>SMITHTOWN NY 11787</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

DATE **1-9-02** DAYTIME PHONE # **813-917-1868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (9/01)