2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2006 8:00 am Secretary of State **DOCUMENT # P01000022403** 04-05-2006 90153 032 ***150.00 1. Entity Name SOUTHERN COMMUNICATION SYSTEM INC Mailing Address Principal Place of Business 66011670 % DUANE APONTE % DUANE APONTE 501 E. DANIA BEACH BLVD., BLDG 5, APT 4J 501 E. DANIA BEACH BLVD., BLDG 5, APT 41 DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 2. Principal Place of Business 3. Mailing Address 52-67 N. DIXIE HWY 52-67 W.D Suite, Apt. #, etc. Suite, Apt. #, etc. 04152006 Cha-P CR2E034 (11/05) L - Z C-2 Applied For City & State 4. FEI Number City & State FT. Lauderdale, FL Not Applicable 65-1091034 FT. Lauderdale, Country BRunaRd \$8.75 Additional Zip 5. Certificate of Status Desired 33334 BRUWARd 33334 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name APONTE, DUANE Street Address (P.O. Box Number is Not Acceptable) 52-67 N DIXIE HWY STE C-2 FT LAUDERDALE, FL 33334 City 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 re 04/18/06 SIGNATURE Signature, typed or p (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IME DΡ ☐ Detete IIII F ☐ Change ☐ Addition APONTE, DUANE MAME NAME 52-67 N DIXIE HWY STE C-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33334 CITY-ST-ZIP CFO TITLE Delete TITLE Change ☐ Addition NAME APONTE, DUANE STREET ADDRESS 52-67 N DIXIE HWY STE C-2 STREET ADDRESS FT LAUDERDALE, FL 33334 CITY-ST-ZIP CITY-ST-ZIP n TITLE 25 Delete ☐ Change ☐ Addition APONTE, CHARLIE NAME NAME STREET ADDRESS 501 EAST DANIA BEACH BLVD, APT 4-J STREET ADDRESS DANIA BEACH, FL 33004 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete MΠF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, 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: Duane