

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90025 012 ***150.00

AV
 1/2/02

DOCUMENT # P01000028399

1. Entity Name
COMMTECH WIRELESS MARKETING INC.

Principal Place of Business 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131
---	---



2. Principal Place of Business 6900 PHILIPS HWY	3. Mailing Address 6900 PHILIPS HWY
Suite, Apt. #, etc. SUITE 30	Suite, Apt. #, etc. SUITE 30
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

Zip 32216	Country	Zip 32216	Country
---------------------	---------	---------------------	---------

4. FEI Number 52-2307743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **ZANE LEWIS**

Street Address (P.O. Box Number is Not Acceptable)
~~229 CRANES LAKE~~ 6900 PHILIPS HWY, SUITE 30

City **JACKSONVILLE** FL Zip Code **32216**

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 **ZANE LEWIS - PRESIDENT** **3-23-02**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPAS <input type="checkbox"/> Delete Lewis, Zane c/o Holland & Knight 701 Brickell Ave, Ste 3000 Miami, Fl 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Delete Buzza, Nathan c/o Holland & Knight 701 Brickell Ave, Ste 3000 Miami, Fl 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEWIS, ZANE 229 CRANES LAKE DRIVE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BUZZA, NATHAN c/o 6900 PHILIPS HWY, SUITE 30 JACKSONVILLE, FL 32216
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"/> Change <input type="checkbox"/> Addition
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: **3-23-02 904 281 0073**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)