


FILED
Apr 25, 2003 8:00 am
Secretary of State

0508822 AV

DOCUMENT # P01000038472

1. Entity Name
MLV COMMUNICATIONS, INC.



Secretary of State
04-25-2003 90136 035 ***150.00

Principal Place of Business
114 ARECA DRIVE
MULBERRY FL 33860

Mailing Address
114 ARECA DRIVE
MULBERRY FL 33860

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3723343

Applied For
Not Applicable

5. Certificate of Status Desired

CHECK HERE IF MAKING CHANGES

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PHILLIPS, MARIE P
114 ARECA DRIVE
MULBERRY FL 33860

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
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
TITLE D
NAME PHILLIPS, MARIE P
STREET ADDRESS 114 ARECA DRIVE
CITY-ST-ZIP MULBERRY FL 33860
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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] 4-23-03