

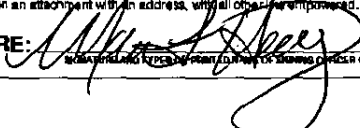
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000073891			
1. Entity Name EMERALD COAST BROADBAND SERVICES, INC.			
Principal Place of Business 2771 GULF BREEZE PKWY STE B GULF BREEZE, FL 32563		Mailing Address 2771 GULF BREEZE PKWY STE B GULF BREEZE, FL 32563	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3738548		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, RAYMOND B 913 GULF BREEZE PKWY STE 14 GULF BREEZE, FL 32561		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 _____ DATE _____ (Signature typed on printed name of registered agent and title is acceptable. (NOTE: Registered Agent Signature required when withdrawing.)			
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-STATE-ZIP	PD HAYES, MARK F 2733 GULF BREEZE PKWY STE 8 GULF BREEZE, FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD HAYES, MARK F. 2733 GULF BREEZE PKWY, #8, GULF BREEZE FL 32561 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SDT GUNTER, LARRY 2733 GULF BREEZE PKWY STE 8 GULF BREEZE, FL 32561 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, when all officers are empowered.			
SIGNATURE: 		MARK F. HAYES AS PRESIDENT 850-932-6888	

CH2E034 (11/02)

JH 9/15