2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBP)

DOCUMENT # P01000112832

ROANC	OMMUNICATIONS, INC.	Ü						
Principal Pla 666 NE 125 N MIANI, FL		Mailing Address 666 NE 125 ST, S246 N MtAMI, FL 33161			មប	144762		
69	Place of Business 6 NF 125 St	3. Mailing Address	7/25-8	+				
Suite, Apt	L. #, etc.	Suite, Apt. #, etc.			CHECK HERE	IF MAKING CHANGI	S	
City & Sta	Miami 71	City & State	Ħ	4. F	El Number 69-000450 7	7	Applied For	
33/6	Country Dede	72p 72/6/	Country	5. C	ertificate of Status Desired	□ \$8.75 Fee Requ	Additional ured	1
	6. Name and Address of Current	Registered Agent		7. Na	me and Address of New		<u>.</u> .	1
TREUSCH			Name		Branker & As			1
666 NE 126 N MIAMI, F			Street /	Address (F.O. Bo	× Number is Not Acceptable	BEH BIV	الم	1
				StE 101		Court		1
					E PARK	FL Zp C	ode 09	1
8. The above	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office of	r registered age	nt, or both, in the State of F	lorida. I am familiar wi	th, and accept	1
·-	Convey Brander	à Assocites				1.1.11.0	1	
SIGNATURE	Signature, types or printed name of registered agent a		Registered Agentsigna	lum required when rein	Stating)	Joly 16,2		
	FILE NOW!!! FEE IS \$150.00			1				1
Affe Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State	5 <u></u>		 Election Campaign Finantifund Contribution 	nancing \$5 on.	.00 May Be led to Fees	-
10.	OFFICERS AND I	DIRECTORS	11.		ITIONS/CHANGES TO OF	FICERS AND DIRECTO	AC IN 11	1
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NAME	TREUSCH, ANDY	•	NAME	Roderich	c mobley	<u> </u>		ă
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CITY-ST-ZP	N MIAMI, FL 33161		CITY+ST-2IP	M Miam	i # 33161			CRZE034 (10/02)
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STREET ADDRESS CITY-ST-ZP								
			STREET ADDRESS	ļ				
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TITLE NAME		☐ Deiete	CITY-ST-ZIP			☐ Change	Addition	
		☐ Delete	CITY-ST-2IP			☐ Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 truther 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 practices, with all other like empowered.

SIGNATURE:

THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-03

Daytime Phone #

FILED

Jul 21, 2003 8:00 am Secretary of State

07-21-2003 90122 025 ***550.00