


FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90193 008 ***150.00

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

DOCUMENT # P02000004725

1. Entity Name
SISH COMMUNICATION, INC.



Principal Place of Business
 357 6TH AVE. W.
 BRADENTON, FL 34205

Mailing Address
 357 6TH AVE. W.
 BRADENTON, FL 34205

2. Principal Place of Business
3026-54 DR. EAST

3. Mailing Address
3026-54 DR. EAST

Suite, Apt. #, etc.
202

City & State
BRADENTON FL

City & State
BRADENTON FL

Zip
34203

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0533152

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NIELSEN, ALLAN
357 6TH AVE. W.
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name
NIELSEN, ALLAN


Street Address (P.O. Box Number is Not Acceptable)
3026-54 DR. EAST # 202

City
BRADENTON

State
FL

Zip Code
34203

B. 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 **5/16-2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering)

FILE NOW WITH FEES IS \$160.00
 Awaiting May 15, 2003 Fee will be \$50.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NIELSEN, ALLAN 8420 ISLES WORTH COURT #15305 SARASOTA, FL 34243
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NIELSEN, ALLAN 3026-54 DR. EAST #202 BRADENTON, FL 34203
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  DATE **5/16-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)