FILED
May 14, 2003 8:00 am
Secretary of State

04-16-2003 90184 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000018592

1. Entity Name
JAVA COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

55040462

2. Principal Place of Business	3. Mailing Address
C/O 8307 NW 68 STREET	C/O 8307 NW 68 STREET
Suite, Apt. #, etc. Miami Commercial Ctr., SUITE 4929	Suite, Apt. #, etc. Miami Commercial Ctr., SUITE 4929
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166 Country U.S.A.	Zip 33166 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0634190 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FERRELL GROUP CORPORATE SERVICES, L.L.C.

Street Address (P.O. Box Number is Not Acceptable)

201 S. BISCAYNE BLVD., 34th floor

City MIAMI FL Zip Code 33131

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 Secretary/Asst. Secretary Steve L. Waserstein, Esq. 5/12/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	DIRECTOR: DANIEL H. BELTRAN C/O 8307 NW 68 STREET, SUITE 4929 MIAMI, FL 33166	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE

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