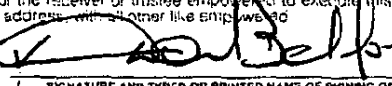


FILED
May 14, 2003 8:00 am
Secretary of State

04-16-2003 90184 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P02000018592</u>			
1. Entity Name JAVA COMMUNICATIONS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business C/O 8307 NW 68 STREET		3. Mailing Address 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.
4. FEI Number 01-0634190		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
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.	
DATE 5/12/03		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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
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 a former like entity, or as a			
SIGNATURE 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Telephone #	

CR2E034B (12/02)