2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2003 8:00 am Secretary of State

| DOCUMENT # P02000021851 IRRENO COMMUNICATION, INC. Principal Rises of Everyose Ris NE 1897H ST. #202 NORTH MAME R. 30179 NORTH MAME R. 30179 A Mailtry Address Ris NE 1897H ST. #202 NORTH MAME R. 30179 A Mailtry Address Ris NE 1897H ST. #202 NORTH MAME R. 30179 A Mailtry Address Ris NE 1897H ST. #202 NORTH MAME R. 30179 A Mailtry Address Suite, Apt. #100. Chy & State A FE Internet Agent Plant Plant Address of New Registered Agent FRENO, YNAMY Store I Address of Current Registered Agent FRENO, YNAMY Store I Address of Plant Registered Agent FRENO, YNAMY Store I Address of Plant Registered Agent FILE North May 1, 2003 Few will be \$550.00 And the May 1, 2003 Few will be \$550.00 And the May 2, 2003 Few will be \$550.00 And the May 2, 2003 Few will be \$550.00 And the May 2, 2003 Few will be \$550.00 And the Check Popular but for Front Department of State To Address of Plant Registered Agent Plant Address of Plant Registered Agent Plant Address of Plant Registered Agent Plant Agent Registered | UN | IFURM BUSI | UE33 K | EFUN | ILADU | 1 | | cuity o | | |
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| Sulfex, Apt. 8, etc. City & State | WALL MARKE | 16 00174 | MOUTH MIN | IMI FE 33179 | | | | TÉNY RENY ÉÉNA MERI I | riii mm | 1 884 880 1181 |
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| The Address of Current Registered Agent See Additional See Additiona | City & State | | | | | | | | | |
| B. Name and Address of Current Registered Agent Fee Required Fee Required Fee Required Fee Required Fee Required | City di State | <u> </u> | City & Siz | | | | 11-3646384 | <u> </u> | - | |
| Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Ac | Zip | Country | Zip | | Country | . | 5. Certificate of Status Desire | | | |
| Street Address (P.O. Box Number is Not Acceptable) 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept florida. FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$5150.00 Atter May 1, 2003 Fee will be \$5150.00 Accept Floridation of Flor | | 6. Name and Address of Cu | rrent Registered Ag | ent | A town | | 7. Name and Address of New | v Registered Age | nt | · |
| Sireet Address (P.O. Box Number is Not Address) City FL Zip Code 6. 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 digest. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Feel will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE TITLE NOW. I Delde TITLE VD VITTE, CARL STRET ADDRESS FIRE NORTH MIAMIF R, 33179 TITLE VD VITTE, CARL STRET ADDRESS STRET ADD | " JRRENO" Y | IMMY | | | | <u>يو: حد دسم</u> | <u> </u> | - <u></u> | <u></u> | <u>:_=</u> |
| 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 soccept the obligations of registered agent. Signature | | | | | Street A | Address (P. | O, Box Number is Not Accepta | ble) | | |
| 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 | NORTH MU | AMI FL 33179 | | | | | | | | |
| THE NOW. IT FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After | | | | | City | | | FL | Zip Cod | le |
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