2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P02000042482** 1. Entity Name 04-29-2004 90302 021 ***150.00 VANGUARD COMMUNICATIONS CORP. Principal Place of Business Mailing Address 555 NE 15 STREET SUITE 100 565 NE 16 STREET SUITE 100 TANTVIOR MIAMIFE 99192 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address 901 George Burk Blud. Suite. Apt. #, etc. 901 George Buch Blud. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 01-0672435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKIBBIN, DAVID A ESQ Street Address (P.O. Box Number is Not Acceptable) 555 NE 15 STREET SUITE 100 MIAMI FL 33132 -901 George Bush Blud. Zip Code Pelhaza Beach, Fl. 33483 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE MCKIBBIN, KATHRYN J NAME NAME 1388 Lands End Rd. STREET ADDRESS 5105 NW 93 DORAL WAY STREET ADDRESS Hypaluxa Island, Fla. 33462 1388 Land's End Rd. Change MIAMI-FL 33178 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE MCKIBBIN, DAVIDA McKIBBIN, DAVID A NAME NAME 5105 NW 93 DORAL WAY STREET ADDRESS STREET ADDRESS Hypolaxa Island, Fla. 33462 MIAMI FL 99178 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

2/25/ay (5(1)2785565

David A. Makibbin

SIGNATURE: _