2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/7/2003-90169-004-$150.00-$150.00

AV 6692600

FILED

03 JUN 18 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048721

1. Entity Name
FAMILY COMMUNICATIONS INSTITUTE, INC.

Principal Place of Business	Mailing Address
~~230 NORTH CASTLEFORD COURT~~	~~230 NORTH CASTLEFORD COURT~~
~~LONGWOOD FL 32779~~	~~LONGWOOD FL 32779~~

2. Principal Place of Business	3. Mailing Address
PO BOX 540021	PO BOX 540021
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32854 Country: USA	Zip: 32854 Country: USA

☒ CHECK HERE IF MAKING CHANGES 03

4. FEI Number 01-0718872 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KIMBALL, NEAL~~	Name: KIMBALL, NEAL
~~230 NORTH CASTLEFORD COURT~~	Street Address (P.O. Box Number is Not Acceptable): 2402 WESTMINSTER CT
~~LONGWOOD FL 32779~~	City: WINTER PARK FL Zip Code: 32789

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMBALL, NEAL ~~230 NORTH CASTLEFORD COURT~~ ~~LONGWOOD FL 32779~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PO BOX 540021 ORLANDO, FL 32854-0021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMBALL, JILL ~~230 NORTH CASTLEFORD COURT~~ ~~LONGWOOD FL 32779~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PO BOX 540021 ORLANDO, FL 32854-0021
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/20/03 407 869-4594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #