FILED
May 30, 2003 8:00 am
Secretary of State

4/1(4/4/2(

04-28-2003 91374 013 *****8.75
04-10-2003 90078 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000050114

1. Entity Name
RONALT SANTOS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
224 THREE ISLANDS BLVD #203 HALLANDALE FL 33009	224 THREE ISLANDS BLVD #203 HALLANDALE FL 33009

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
224 THREE Islands Blvd #203		224 THREE Islands Blvd	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State Hallandale Florida		City & State Hallandale	
Zip 33009	Country Broward	Zip 33009	Country Broward

4. FEI Number 024-70-1837 ☐ 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
SANTOS, RONALT R 224 THREE ISLANDS BLVD #203 HALLANDALE FL 33009	Name SANTOS, RONALT R Street Address (P.O. Box Number is Not Acceptable) 224 THREE Islands Blvd #203 City Hallandale FL Zip Code 33009

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] 04-23-03
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 PRESIDENT NAME RONALT R SANTOS STREET ADDRESS 224 THREE Islands Blvd #203 CITY-ST-ZIP Hallandale FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 04-04-03 954-309-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #