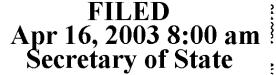
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P02000057233 DOCUMENT # 1. Entity Name E & B COMMUNICATIONS, INC.

SIGNATURE:



04-16-2003 90217 013 \*\*\*150.00

Daytime Phone #



Principal Place of Business Mailing Address 7802 KINGSPOINTE PARKWAY 3161 W. OAKLAND PARK BLVD. #400 SUITE #205 OAKLAND PARK FL 33311 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 7902 KINBSPOINTE PWKY Suite, Apt. #, etc. Suite, Apt. #, etc. (X) CHECK HERE IF MAKING CHANGES # 207-2 SULTE Applied For City & State City & State 4. FEI Number 33-1006378 Not Applicable OBLANDO. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **O47** SERULCES, INC. PEROTTI, CAROLINA Street Address (P.O. Box Number is Not Acceptable) 7802 KINGSPOINTE PARKWAY PARKWAY STATOSCANIA SOBF **SUITE #205** ORLANDO FL 32819 ORLANDO 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!AFEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete CHEHAB, BILAL NAME NAME STREET ADDRESS 21450 MILLBROOK CT. STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME 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.