

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90161 002 ***150.00

0143102 AT

DOCUMENT # P02000087140

1. Entity Name
COMMUNICATIONS-X.NET, INC.



Principal Place of Business
**2825 WILSON RD
SAINT CLUD FL 34772**

Mailing Address
**2825 WILSON RD
SAINT CLUD FL 34772**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
SAINT CLOUD, FL

City & State
SAINT CLOUD, FL

Zip Country Zip Country

4. FEI Number
55-0796963

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARL, CHRISTOPHER
2825 WILSON RD
SAINT CLUD FL 34772**

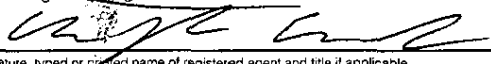
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **SAINT CLOUD** **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.

SIGNATURE  DATE **8/11/03**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	CARL, CHRISTOPHER	
STREET ADDRESS	2825 WILSON RD	
CITY-ST-ZIP	SAINT CLUD FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:  DATE **8/11/03** 407-256-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

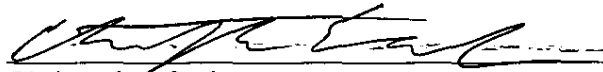
Attachment

90150799

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Dir Sir or Madam;

I am currently the President and only officer for Communications-X.net, inc. I did not receive the first UBR report that was due May 1st. This may be due to all addresses needing a spelling correction of the City. Because of this could the additional late fee of \$400 dollars be waived. This is my first attempt at a business and was not aware that a UBR was due May 1st. Once I received the second notice I became aware of this and I am now sending the UBR completed with the original amount owed of \$150 dollars. Thank you for your time.



Christopher Carl
President of Communications-X.net, inc.