2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: ale Prombik

Secretary of State 03-04-2004 90013 021 ***150.00 **DOCUMENT # P03000072907** 1. Entity Name COASTAL COMMUNICATIONS NORTH, INC. 94024723 Principal Place of Business Mailing Address 5100 W HWY 40 #900 5100 W HWY 40 #900 OCALA, FL 34482 OCALA, FL 34482 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02252004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For City & State City & State 20-0070089 Not Applicable Zip Country Zip 🔒 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PLOMTER, ALE PIONTEK Street Address (P.O. Box Number is Not Acceptable) 5100 W HWY 40 #900 OCALA, FL 34482 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE Addition TITLE PIONTEK, AL E NAME STREET ADDRESS 5100 W HWY 40 #900 STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE Piontek Phyllis NAME NAME 5100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ocila 34482 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [Addition Delete TOF TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Detete TITLE 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 cirrector 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.

FILED

Mar 04, 2004 8:00 am