## 2006 FOR PROFIT CORPORATION

SIGNATURE: CLE. Piontek

## Mar 08, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000072907 03-08-2006 90181 001 \*\*\*150 00 COASTAL COMMUNICATIONS NORTH, INC. Principal Place of Business Mailing Address 5100 W HWY 40 #900 5100 W HWY 40 #900 60022350 OCALA, FL 34482 OCALA, FL 34482 2. Principal Place of Business 3. Mailing Address 2501 SW 2501 SW 57 Suite, Apt. #, etc. # 203 Suite, Apt. #, etc 01172006 Chg-P CR2E034 (11/05) 203 204 City & State City & State 4. FEI Number Applied For Ocala Ocala 20-0070089 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired A 2 U ũ's A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIONTEK, AL E Street Address (P.O. Box Number is Not Acceptable) 5100 W HWY 40 #900 OCALA, FL 34482 FL 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition THILE ☐ Delete TITLE PIONTEK, AL E 2501 5W 57 Th Ave NAME NAME #203 + 204 5100 W HWY 40 #900 STREET ADDRESS STREET ADDRESS OCALA, FL 34482 CITY-ST-ZIP CITY-ST-ZIP Ocala D ☐ Delete ☐ Change ☐ Addition TITLE TITLE #203 + 204 PIONTEK, PHYLLIS A NAME NAME 2501 STREET ADDRESS 5100 W HWY 40 # 900 STREET ADDRESS 34474 ocala CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

AL E. PIONTEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #