



# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000083079</b> 1. Entity Name <b>SCC COMMUNICATIONS, INC.</b>						<b>FILED</b> <b>OCT 21 AM 10:58</b>			
Principal Place of Business <b>5196 NORWOOD AVENUE SUITE C JACKSONVILLE, FL 32208</b>				Mailing Address <b>P. O. BOX 40629 JACKSONVILLE, FL 32203</b>				<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
2. Principal Place of Business <b>2049 N. Pearl St.</b>				3. Mailing Address 					
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 				10192004    REIN-P    CR2E098 (6/04)	
City & State <b>Jacksonville, Florida</b>				City & State 				4. FEI Number <b>412044212</b>	
Zip <b>32206</b>				Country <b>U.S.A.</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CRISWELL, CLARA M 5196 NORWOOD AVENUE SUITE C JACKSONVILLE, FL 32208</b>						7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) <b>2049 N. Pearl St.</b> City: <b>Jacksonville</b> <b>FL</b> Zip Code: <b>32206</b>			
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: <i>Clara M. Criswell</i> DATE: <b>10/18/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>					<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>THE FLORIDA STAR</b> <b>P. O. BOX 40629</b> <b>JACKSONVILLE, FL 32203</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>The Florida Star is</b> <b>the AKA of SCC Communications</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>CRISWELL, CLARA M</b> <b>P. O. BOX 40629</b> <b>JACKSONVILLE, FL 32203</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400042033174</b> <b>10/20/04--01092--001--**150-00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10/25</b>			
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: <i>Clara M. Criswell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date: <b>10/18/04</b>		Daytime Phone #: <b>904-766-8834</b>	