2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092054

FILED Apr 30, 2005 Secretary of State

Entity Name: AUTOFONE COMMUN	IICATIONS SERVICES, INC.	
Current Principal Place of Business	: New Principal Place	of Business:
13965 NW 22ND CT PEMBROKE PINES, FL 33028		
Current Mailing Address:	New Mailing Address	::
13965 NW 22ND CT PEMBROKE PINES, FL 33028		
FEI Number: 37-1476259 FEI Number	Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Regis	tered Agent: Name and Address o	f New Registered Agent:
TFRA, LLC 1250 EAST HALLANDALE BEACH BL' SUITE 405 HALLANDALE BEACH, FL 33009 US		
The above named entity submits this st in the State of Florida.	atement for the purpose of changing its registered	d office or registered agent, or both,
SIGNATURE:		
Electronic Signature o	of Registered Agent	Date
Election Campaign Financing Trust Fund Co	ntribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: PD () Delete	Title: VD	(X) Change () Addition

Name: HIBBERT, MICHAEL Name: HIBBERT, MICHAEL 18965 NW 22ND CT 18965 NW 22ND CT Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028 Title: () Delete Title: PD (X) Change () Addition CHANCE, MICHAEL CHANCE, MICHAEL Name: Name: Address: 1281 NW 185 TERRACE Address: 1281 NW 185 TERRACE PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 City-St-Zip: City-St-Zip: () Change () Addition

Title: Title: () Delete Name: CHANCE, MICHELLE Name: Address: 1281 NW 185 TERRACE Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HIBBERT VΡ 04/30/2005