2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State
08-20-2004 90002 034 ***150.00

DOCUMENT # P03000137717

1. Entity Name
GAMMA COMMUNICATION SOLUTIONS, INC.

Principal Place of Business	Mailing Address
710 94TH AVE N STE 303 ST PETERSBURG, FL 33710	710 94TH AVE N STE 303 ST PETERSBURG, FL 33710

07022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address Same
Suite, Apt. #, etc. 800 91st Ave. N.	Suite, Apt. #, etc.
City & State St. Petersburg, Fl	City & State
Zip 33702 Country Pinellos	Zip Country

4. FEI Number 62-56-2418736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROUDAS, CHRISTOPHER 710 94TH AVE N STE 303 ST PETERSBURG, FL 33710 New Address →	Name Groudas, Christopher Street Address (P.O. Box Number is Not Acceptable) 800 91st Ave. N. City St. Petersburg FL Zip Code 33702

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] 8/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROUDAS, NATALIYA 710 94TH AVE N STE 303 ST PETERSBURG, FL 33710 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Jr. 8/13/04 727-217-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #