2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 28, 2005 8:00 am Secretary of State DOCUMENT # P04000114598 1. Entity Name 03-28-2005 90074 026 \*\*\*150.00 PYRAMID COMMUNICATIONS, INC. Principal Place of Business Mailing Address 6251 44TH STREET, SUITE 2 PINELLAS PARK FL 33781-5900 6251 44TH STREET, SUITE 2 PINELLAS PARK FL 33781-5900 Mailing Address 843 18th ST N Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For X0-011 Not Applicable \$8.75 Additional 5. .Certificate of Status Desired\_ Fee Required ELLAS Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYNDUL, ANDREW H Address (P.O. Box Number is Not Acceptable) 6251 44TH STREET, SUITE 2 PINELLAS PARK FL 33781-5900 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. YNDUL SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition ANDREW H. DYNDUL 1843 1845TN STE 150 T. PETRESBUCG, PL 337 NAME DYNDUL, ANDREW H NAME STREET ADDRESS 6251 44TH STREET, SUITE 2 STREET ADDRESS CITY-ST-7IP PINELLAS PARK FL 33781-5900 CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Addition HARVEY, RICHARD A NAME NAME STREET ADDRESS 549 CRYSTAL DRIVE STREET ADDRESS CITY-SI-ZIP MADEIRA BEACH FL 33708 CITY-ST-ZIP ST. PETERSBURG, FL 37716-4209 TITLE ☐ Delete TITLE ☐ Change **P**Addition CATHRYN DYNDUL 9843 /845TN STE 150 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ 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 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 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 of 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

SIGNATURE AND TYPED OF

PRINTED NAME O

SIGNATURE

FILED