## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P04000156181 04-16-2007 90049 050 \*\*\*150 00 1. Entity Name UNIFIED GLOBAL COMMUNICATIONS, INC. Principal Place of Business Mailing Address 411097519 4400 N PLAYER STREET 4400 N PLAYER STREET HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04052007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 42-1651005 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONTRUCCI, EMMA P Street Address (P.O. Box Number is Not Acceptable) 4400 N PLAYER STREET HOLLYWOOD, FL 33021 Zip Code 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 4/10/07 +Conhucce Signature, typed or printed name of repistered abent and title if applicable. (LOTE: Registered Agent signature required when reinstaing) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Tille ☐ Delete ☐ Change ☐ Addition PELLICORI, LOUIS J NAME NAME STRÉET ADDRESS 13 CAMERON CIRCLE STREET ADDRESS CDY SI-709 LAUREL SPRINGS, NJ 08021 CITY-ST-ZIP THEE Same TITLE ☐ Delete 300 South Pointe Drive NAME CONTRUCCI, ANTHONY R NAME Unit 1006 STREET ADDRESS 4400 N PLAYER STREET STREET ADDRESS CHY-ST-ZIP HOLLYWOOD, FL 33021 miami Beach, FL 33139 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition CONTRUCCI, EMMA P NAME NAME 4400 N PLAYER STREET STREET ADDRESS STREET ADDRESS CITY ST-719 HOLLYWOOD, FL. 33021 CITY-ST-ZIP 1991 Delete 1171.6 Addition NAM! STREET ADDRESS STREET ADDRESS CONST-21P CITY-ST-ZIP HHE ☐ Celeie THEE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-ST-ZIP mer Delete ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CHY-51-2P CITY-ST-ZiP 12. Thereby certify that the information supplied with this filing 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.

**FILED**