2006 FOR PROFIT CORPORATION

SIGNATURE

Jun 21, 2006 8:00 am ANNUAL REPORT 👢 **Secretary of State** DOCUMENT # P04000164929 05-10-2006 90094 014 ***150.00 1. Entity Name AUTÓBAHN COMMUNICATIONS, INC. Principal Place of Business Mailing Address TOTAMOUN 1968 43RD AVENUE **1968 43RD AVENUE** VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 04182006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For <u>20-2003489</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNDON, MARK WILLIAM **1968 43RD AVENUE** Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32960 City Zip Code 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 [NOTE: Registered Agent signature required when reinstating] 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ■ Addition HERNDON, MARK WILLIAM NAME NAME STREET ADDRESS 1968 43RD AVENUE STREET ADDRESS VERO BEACH, FL 32960 CITY - ST - ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE Delete TITLE Addition ☐ Change NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP HILE 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 quality 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 it 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.

04/24/06

FILED