

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90102 001 ***300.00

DOCUMENT # P25371

1. Entity Name

TALLA-COM, TALLAHASSEE COMMUNICATIONS INDUSTRIES

Principal Place of Business

Mailing Address

1720 WEST PAUL DIRAC DR.
 TALLAHASSEE FL 32310

1720 WEST PAUL DIRAC DR.
 TALLAHASSEE FL 32310-3754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2974315

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PHILLIPS, S. JAMES
1720 W. PAUL DIRAC DR.
TALLAHASSEE FL 32310

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P PERESS, YEHUDA 1720 WEST PAUL DIRAC DRIVE TALLAHASSEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S PHILLIPS, JAMES 1720 W. PAUL DIRAC DR. TALLAHASSEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	D ALMAGOR, LISA 26 HASHOFTM STREET P.O. BOX 267 HOLON IS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director Nehemia Shiff 26 Hashoftm Street, P.O. Box 267 Holon, IS
<input checked="" type="checkbox"/> Delete	D KOWALSKI, ZE'EV 26 HASHOFTM ST PO BOX 267 HOLON IS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director Amos Weizman 26 Hashoftm St. P.O. Box 267 Holon, IS
<input type="checkbox"/> Delete	D COHEN, DAVID 26 HASHOFTM STREET P.O. BOX 267 HOLON IS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D HERMONI, HEZI 26 HASHOFTM STREET P.O. BOX 267 HOLON IS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/00

Date

850 580 0406

Daytime Phone #

S. James Phillips

CR2E034 (9/99)