

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90124 001 \*\*\*300.00

**DOCUMENT # P25371**

1. Entity Name  
**TALLA-COM, TALLAHASSEE COMMUNICATIONS INDUSTRIES, INC.**

Principal Place of Business Mailing Address  
**1720 WEST PAUL DIRAC DR. 1720 WEST PAUL DIRAC DR.**  
**TALLAHASSEE FL 32310 TALLAHASSEE FL 32310**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>22-2974315</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PHILLIPS, S. JAMES</b> <b>1720 W. PAUL DIRAC DR.</b> <b>TALLAHASSEE FL 32310</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERESS, YEHUDA</b>	NAME	
STREET ADDRESS	<b>1720 WEST PAUL DIRAC DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, JAMES</b>	NAME	
STREET ADDRESS	<b>1720 W. PAUL DIRAC DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEHEMIA, SHIFF</b>	NAME	
STREET ADDRESS	<b>26 HASHOFTM STREET P.O. BOX 267</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLON IS</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIZMAN, AMOS</b>	NAME	
STREET ADDRESS	<b>26 HASHOFTM ST PO BOX 267</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLON IS</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, DAVID</b>	NAME	
STREET ADDRESS	<b>26 HASHOFTM STREET P.O. BOX 267</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLON IS</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMONI, HEZI</b>	NAME	
STREET ADDRESS	<b>26 HASHOFTM STREET P.O. BOX 267</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLON IS</b>	CITY-ST-ZIP	

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: *S. J. Phillips* **SIGNATURE REQUIRED** 01/30/02 (850) 570-0406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)