

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90072 026 ***150.00



DOCUMENT # P25371

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

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

Mailing Address
**1720 WEST PAUL DIRAC DR.
TALLAHASSEE FL 32310**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | PERESS, YEHUDA | |
| STREET ADDRESS | 1720 WEST PAUL DIRAC DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PHILLIPS, JAMES | |
| STREET ADDRESS | 1720 W. PAUL DIRAC DR. | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEHEMIA, SHIFF | |
| STREET ADDRESS | 26 HASHOFTM STREET P.O. BOX 267 | |
| CITY-ST-ZIP | HOLON IS | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEIZMAN, AMOS | |
| STREET ADDRESS | 26 HASHOFTM ST PO BOX 267 | |
| CITY-ST-ZIP | HOLON IS | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COHEN, DAVID | |
| STREET ADDRESS | 26 HASHOFTM STREET P.O. BOX 267 | |
| CITY-ST-ZIP | HOLON IS | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HERMONI, HEZI | |
| STREET ADDRESS | 26 HASHOFTM STREET P.O. BOX 267 | |
| CITY-ST-ZIP | HOLON IS | |

| | | |
|----------------|---------------------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Chaim Caspi | |
| STREET ADDRESS | 2264 Tuscaville Road | |
| CITY-ST-ZIP | Tallahassee, FL 32312 | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Yehuda Peress | |
| STREET ADDRESS | 1720 West Paul Dirac Dr. | |
| CITY-ST-ZIP | Tallahassee, FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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.

SIGNATURE: *S. James Phillips* **SIGNATURE REQUIRED PHILLIPS** 01/30/03 850-580-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)