2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (U

P26616 **DOCUMENT#**

2	JUNI

FILED Mar 04, 2003 8:00 am Secretary of State

TRANS GLOBAL COMMUNICATIONS, INC.							03-04-2003 90067 038 *** 130.00						
Principal Place of Business 4117 N ROXBORO RD STE 210 DURHAM NC 27704			PO E	Mailing Address PO BOX 15448 DURHAM NC 27704 US				- 					
2. Principal I	Place of Busir	ness	3. Ma	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Sta	te		City & State					4. FEI Number 56-1352644 Applied Fo			oplied For		
Zip		Country	Zip	متصد بعث کسر - ۱۰۰	Countr					\$8.75 Add	8.75 Additional		
	6. Name	and Address of Curren	t Register	ed Agent				7. N	lame and Address of New R	egistered A	gent		1
			-			Name							1
WILLIAMS 5102 POE	s, wayne e ave.			Street			ddress (F	ddress (P.O. Box Number is Not Acceptable)					
TAMPA F	L 33629					-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
					i	City				FL	Zip Cod		1
8. The above the obliga	e named entity tions of regist	y submits this statement ered agent.	for the purp	ose of changing its	registere	ed office or	registere	ed age	ent, or both, in the State of Flo	rida. I am fa	imiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if app	olicable. (NOTE	E: Registered	J Agent signati	ure required s	when rein	nstatino)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of							Election Campaign Fin Trust Fund Contribution		\$5.0 Added	0 May Be	
10.	* 1	OFFICERS ANI	DIRECTO	RS.	11.			ADD	DITIONS/CHANGES TO OFFI	CERS AND	DIBECTOR	2 IN 11	ł.
TITLE NAME STREET ADDRESS	PD WHITE, MI 208 TRAC	CHAEL E:		☐ Delete	TITLE			7,00	STRENGTO INVOLCE TO GITT		☐ Change	Addition	
CITY-ST-ZIP	DURHAM I	NC				ST-ZIP				•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, SH 208 TRAC' DURHAM I			☐ Delete			208	TE, TRA	SHIRLEY ANN ACY TRAIL , NC 27712	4	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COCHRAN 208 TRAC' DURHAM I			☐ Delete		T ADDRESS ST-ZIP		**** : .	to the same see the		☐ Change ^{**}	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADORESS ST-ZIP	,				Change	Addition	
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TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE	T ADDRESS				1	Change	☐ Addition	ļ

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 arrangement with an address, with at other like empowered.

CITY-ST-ZIP

SIGNATURE

WISNATURE RMICHAERE. CWHITE PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

919-479-2121

Daytime Phone #