

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90065 014 ***150.00

DOCUMENT # **P34897**

1. Entity Name
COMMONWEALTH COMMUNICATIONS, INC.

Principal Place of Business: **33228 WEST 12 MILE ROAD, #312 FARMINGTON HILLS MI 48334**
 Mailing Address: **33228 WEST 12 MILE ROAD, #312 FARMINGTON HILLS MI 48334**



2. Principal Place of Business: **SAME**
 3. Mailing Address: **320 E. Maple Rd**
 Suite, Apt. #, etc.: **# 283**

DO NOT WRITE IN THIS SPACE

City & State: **BIRMINGHAM MI** 4. FEI Number: **38-2979265** Applied For: Not Applicable:
 Zip: **48009** Country: **USA** 5. Certificate of Status Desired: \$8.75 Additional Fee Required:

6. Name and Address of Current Registered Agent: **DEWEES, LEDYARD 1085 S.W. TAMARIND WAY BOCA RATON FL 33486**
 7. Name and Address of New Registered Agent: 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: _____ (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. **FILE NOW!!! FEES \$150.00 After May 1, 2002 Fee will be \$558.00 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 | |
|----------------------------|--|---|---|
| TITLE | PCD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNGER, DAVID G | NAME | |
| STREET ADDRESS | 7045 VALLEY BROOK | STREET ADDRESS | |
| CITY-ST-ZIP | WEST BLOOMFIELD MI | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034 (9/01)

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 stated 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 required, or on an attachment with an address, with another like empowered.

SIGNATURE: **[Signature]** SIGNATURE REQUIRED BY DIRECTOR Date: **4-22-01** Daytime Phone #: _____