

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90020 018 ***150.00

DOCUMENT # P39075

1. Entity Name
DANIEL COMMUNICATIONS, INC.

Principal Place of Business **Mailing Address**
~~2000~~ POLLARD RD. P.O. BOX 1677
 DAPHNE AL 36526 DAPHNE AL 36526-1677
DELETE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 63-0957776		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 32334				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. ☐ **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			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, DANNY			NAME			
STREET ADDRESS	93 CAISSON TRACE			STREET ADDRESS			
CITY-ST-ZIP	SPANISH FORT AL 36527			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	V.P. & v. chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Mark M. Lloyd		
STREET ADDRESS				STREET ADDRESS	3170 Reps Miller Rd Suite 190		
CITY-ST-ZIP				CITY-ST-ZIP	Norcross - GA 30071		
TITLE		<input type="checkbox"/> Delete		TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Michael Mueller		
STREET ADDRESS				STREET ADDRESS	13902 North Dale Mabry Suite 300		
CITY-ST-ZIP				CITY-ST-ZIP	Tampa FL 33618		
TITLE		<input type="checkbox"/> Delete		TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Thomas S. Johnson		
STREET ADDRESS				STREET ADDRESS	13902 North Dale Mabry Suite 300		
CITY-ST-ZIP				CITY-ST-ZIP	Tampa FL 33618		
TITLE		<input type="checkbox"/> Delete		TITLE	V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Raymond Schilling		
STREET ADDRESS				STREET ADDRESS	13902 North Dale Mabry Suite 300		
CITY-ST-ZIP				CITY-ST-ZIP	Tampa FL 33618		
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Alan Small		
STREET ADDRESS				STREET ADDRESS	3170 Reps Miller Rd Suite 190		
CITY-ST-ZIP				CITY-ST-ZIP	Norcross GA 30071		

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]* **4-11-00 (334) 626-5148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-32E034 (9/99)

#P39025
648259

Additional Additions:

TITLE: Assistant S
NAME: Todd Johnson
STREET ADDRESS: 13902 North Dale Mabry
Suite 300
CITY-ST-ZIP Tampa FL 33618

TITLE: Assistant S
NAME: J Hovey Kemp
STREET ADDRESS 555 Thirteenth Street
CITY-ST-ZIP Washington DC 20004

TITLE: Assistant S
NAME: Christopher J. Hagan
STREET ADDRESS 555 Thirteenth Street
CITY-ST-ZIP Washington DC 20004