

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90031 004 ***150.00

UNIFORM
 AV

DOCUMENT # P92000001857

1. Entity Name

CENTER FOR COMMUNICATION ARTS, INC.

Principal Place of Business

**956 SALT POND PLACE, #7106
 ALTAMONTE SPRINGS FL 32714-7251**

Mailing Address

**754 LAKE KATHRYN CIRCLE
 CASSELBERRY FL 32707
 US**

2. Principal Place of Business

3. Mailing Address

125 S. SWOPE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State

MAITLAND FL

Zip

Country

Zip

Country

32751

USA

4. FEI Number

59-3150956

Applied For

Not Applicable

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

CARLIN, PHILIP A

**754 LAKE KATHRYN CIRCLE 125 S. SWOPE AVE #104
 CASSELBERRY FL 32707 MAITLAND, FL 32751**

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

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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: **DS** Delete
 NAME: **CARLIN, PHILIP A**
 STREET ADDRESS: **754 LAKE KATHRYN CIRCLE**
 CITY-ST-ZIP: **CASSELBERRY FL 32707**

Change Addition
 TITLE: **125 S. SWOPE AVE #104**
 NAME: **MAITLAND, FL 32751**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **CTD** Delete
 NAME: **MCMILLEN-FALLON, SUZANNE**
 STREET ADDRESS: **9524 49TH W #13B**
 CITY-ST-ZIP: **MUKUTO WA**

Change Addition
 TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **PD** Delete
 NAME: **FALLON, GENE D**
 STREET ADDRESS: **9524 49TH AVE W #13B**
 CITY-ST-ZIP: **MUKUTO WA**

Change Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 407-831-6202

Date Daytime Phone #

CR2E034 (9/01)