

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 026 ***150.00

DOCUMENT # P920000008500 ✓

1. Entity Name
Collins Communications Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO BOX 163 <small>Suite, Apt. #, etc.</small>	3. Mailing Address PO BOX 163 <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State Dade City, FL	City & State Dade City, FL	4. FEI Number 59-3158695	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33526	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lori Collins

Street Address (P.O. Box Number is Not Acceptable)

11103 Desoto Rd.

City Riverview **FL** **Zip Code** 33569

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]* **DATE** 4-29-02

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. / Treas. Lori Collins 11103 Desoto Rd. Riverview, FL 33569	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Edward Collins 11103 Desoto Rd. Riverview, FL 33569	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Jeffrey Maggio PO BOX 163 Dade City, FL 33526	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DATE** 4-29-02 (813) 469 0509

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)