FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1995

DOCUMENT # P92000010791 (1)

TMB COMMUNICATIONS, INC.

225 SOUTH WESTMONTE DRIVE
SUITE 3330
ALTAMONTE SPRINGS FL 32714

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SUITE 3330
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 10/13/1994

4. FEI Number: 59-3154677 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

8. The corporation is a small business as defined by section 288.703 Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

MITCHELL, FRANK O
225 SOUTH WESTMONTE DR.
#3330
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MITCHELL, FRANK O
STREET ADDRESS	225 S. WESTMONTE DR.
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	D
NAME	MITCHELL, JANICE
STREET ADDRESS	225 S. WESTMONTE DR.
CITY, ST, ZIP	ALTAMONTE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I hereby certify that the information supplied with this report is validly authorized and true and correct, to the extent required by Section 607.0505, Florida Statutes. I further certify that the corporation is in compliance with Section 607.0505(2), Florida Statutes, and that my signature shall serve as the corporation's affirmation that the corporation has filed with the Internal Revenue Service the required Form 1099 or has otherwise complied with the requirements of Section 607.0505(2), Florida Statutes, concerning payment of all compensation deemed additional wages.

SIGNATURE: 4/30/95 407-774-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0009426 CP