AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-02-2002 90813 038 ****61.25
P93000008109

FILED
02 JUL 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0126763

DOCUMENT # P93000008109

1. Entity Name
COMMUNICATIONS GROUP OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1031 Cape Coral Parkway	[illegible]
Suite, Apt. #, etc. 204	Suite, Apt. #, etc.
City & State Cape Coral, FL	City & State
Zip 33904 Country Lee	Zip Country

4. FEI Number 65-0396645 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Thomas Chubokas
Street Address (P.O. Box Number is Not Acceptable): 216 SE 19th Terrace
City: Cape Coral FL Zip Code 33990

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE June 8th 2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[illegible] 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

TITLE	P/S/D
NAME	THOMAS CHUBOKAS
STREET ADDRESS	216 SE 19th Terrace
CITY-ST-ZIP	Cape Coral, FL 33990

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7/12

CR2E034B (12/01)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: June 8th 2002 Daytime Phone #: 239-540-2142