

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010012

1. Entity Name

PUBLIC IMAGE LIMITED COMMUNICATIONS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90030 002 ***150.00

Principal Place of Business

250 GIRALDA AVE
CORAL GABLES FL 33134
US

Mailing Address

250 GIRALDA AVE
CORAL GABLES FL 33134-4516
US

2. Principal Place of Business

136 Madeira Ave.

Suite, Apt. #, etc.

3. Mailing Address

136 Madeira Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables

City & State

Coral Gables

4. FEI Number

65-0394506

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEDLEY-NOBLE, DAVID
250 GIRALDA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

136 Madeira Ave.

City

Coral Gables

FL

Zip Code

33134

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, 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

TITLE PD
NAME HEDLEY-NOBLE, DAVID
STREET ADDRESS 3755 SOLANA RD
CITY-ST-ZIP COCONUT GROVE FL ☐ Delete

TITLE SD
NAME HEDLEY-NOBLE, JANA
STREET ADDRESS 3755 SOLANA RD
CITY-ST-ZIP COCONUT GROVE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3560 Palmetto Ave.
CITY-ST-ZIP Coconut Grove, FL 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3560 Palmetto Ave.
CITY-ST-ZIP Coconut Grove, FL 33133 ☒ Change ☐ Addition

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

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

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

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

4/17/00

Date

305-446-1132

Daytime Phone #

CR2E034 (9/99)