

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90349 026 ***150.00

DOCUMENT # P93000010012

1. Entity Name
PUBLIC IMAGE LIMITED COMMUNICATIONS, INC.

Principal Place of Business

**136 MADERA AVE
 CORAL GABLES FL 33134
 US**

Mailing Address

**136 MADERA AVE
 CORAL GABLES FL 33134
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**166 Alhambra Circle
 Suite, Apt. #, etc.
 2nd Floor**

**City & State
 Coral Gables, FL**

**Zip
 33134**

**Country
 USA**

3. Mailing Address

**166 Alhambra Circle
 Suite, Apt. #, etc.
 Second Floor**

**City & State
 Coral Gables, FL**

**Zip
 33134**

**Country
 USA**

4. FEI Number

65-0394506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HEDLEY-NOBLE, DAVID
 136 MADERA AVE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

166 Alhambra Circle, 2nd Floor

**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, 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

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**
**PD
 HEDLEY-NOBLE, DAVID
 8412 SW 163RD TERRACE
 MIAMI FL 33157** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**
**SD
 HEDLEY-NOBLE, JANA
 8412 SW 163RD TERRACE
 MIAMI FL 33157** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
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 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

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 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
 CITY-ST-ZIP** ☐ Change ☐ Addition

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

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

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**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

Date

Daytime Phone #

CR2E034 (9/01)