2001	UNIF	<b>3</b> )		FILE	D								
DOCUMENT # P9400004378  1. Entity Name ALL COMMUNICATIONS INC.								Apr 10, 2001 08:00 AM Secretary of State					
Principal Place of Business 510 s DIXIE HWY WEST				Mailing Address 2720 N.E. 9TH FLOOR								-	
POMPANO BE 33060	EACH	FL US		POMPANO BEACH 33062	us	FL							
2. Principal Place of Business 1421 s.w. 12TH AVE				3. Mailing Address 2720 N.E. 9TH COURT									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS SF	PACE	–	
City & State POMPANO BEACH FL				City & State POMPANO BEACH				FEI Number 5-0458936			<del>:</del> -	pplied For	1
Zip 33069		Country us		Zip 33062	Coun	try		Certificate of St			8.75 Add	ditional	
33009	6. Name a		Current Re	gistered Agent	US	· - <del>-</del>	7.	Name and Add	ress of New R	F	ee Require	:d	-
MARTONE JAMES D 310 S.E. 12 STREET POMPANO BEACH FL							NE JA	AMES D Box Number is t					- - - -
33060 US					City	ity FL Zip Code						-	
8. The above	named entity	submits this sta	tement for th	e purpose of changing	its registere		NO BEACH	gent or both in	the State of Fig		33062		-
SIGNATURE .	JAMES Signature, typed or	S D.MAR'	FONE	title if applicable. (N	IOTE: Registered	d Agent signatu	ire required when	·	-	04/10/2 DATE	2001		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so.  (See criteria on back)  Tax file NOW!!!  Make Check Payable						will be \$5	50.00 t of State	- Trust Fu	n Campaign Fir and Contributio	n.	Added	May Be to Fees	
11. TITLE	P	OFFICE	RS AND DI		12.	.	P	DDITIONS/CHA	NGES TO OFF				]_
NAME STREET ADDRESS CITY-ST-ZIP	MARTONE 310 S.W. 12 POMPANO	тн ѕт	D	☐ Delete FL			MARTON	9TH COURT	D		Change	Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						•	☐ Change	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						<del>-</del>	☐ Change	☐ Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Delete	I				-		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-	ET ADORESS -ST-ZIP					☐ Change	Addition	
of the cor	on this report poration or the	or supplementa receiver or trus	i report is tru	is filing does not qualify the and accurate and the ered to execute this report all other like empowers	at my signat ort as requir	TIFA CHAIL H	aua tha come	a local offoct oc.	f mada		a aa afficaa	ar disastar	
SIGNAT	URE: _	James D.Mar		TED NAME OF SIGNING OFFIC	ER OR DIRECT	OR		P 0-	4/10/2001 Date	Day	time Phone #		