

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90026 027 \*\*\*158.75

<b>DOCUMENT # P94000009338</b> 1. Entity Name <b>FMC TELECOMMUNICATIONS, INC.</b>					
Principal Place of Business <b>6045 SW 45TH ST DAVIE FL 33314 US</b>			Mailing Address <b>6045 SW 45TH ST DAVIE FL 33314 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0489609</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For  <input type="checkbox"/> Not Applicable       </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASSIDY, FRANCIS M 4420 SOUTHWEST 74TH WAY DAVIE FL 33314</b>				7. Name and Address of New Registered Agent Name <b>CASSIDY, FRANCIS M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6045 SW 45th St</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33314</b>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  DATE <b>2-3-2004</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASSIDY, FRANCIS M 4420 S.W. 74TH WAY DAVIE FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CASSIDY, PHYLLIS J 4420 S.W. 74TH WAY DAVIE FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASSIDY, SHAWN 4420 SW 74TH WAY DAVIE FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, GREGORY D 4420 SW 74TH WAY DAVIE FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, CHERYL 4420 SW 74TH WAY DAVIE FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, CHERYL 4420 SW 74TH WAY DAVIE FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, CHERYL 4420 SW 74TH WAY DAVIE FL	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, CHERYL 4420 SW 74TH WAY DAVIE FL	<input type="checkbox"/> Delete			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE <b>February 3, 2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					