2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P94000030340 1. Entity Name COMMUNICATIONS BY CHOICE, INC. 05-02-2001 90202 029 ***150.00 Mailing Address Principal Place of Business 2137 NORTH COURTENAY PARKWAY 2137 NORTH COURTENAY PARKWAY MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number .65-0489807 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELNEST CHAPMAN GILL, GEOFFREY C Street Address (P.O. Box Number is Not Acceptable) 34 2137 NORTH COURTENAY PARKWAY **MERRITT ISLAND FL 32953** 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 ESNECT & CHASMON SIGNATURE of pegistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete ☐ Change DSV TITLE GILL, GEOFFREY C NAME NAME STREET ADDRESS STREET ADDRESS **COURTENAY PARKWAY** CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Addition ☐ Defete Change TITLE NAME CHAMBERS, DENNIS NAME STREET ADDRESS STREET ADDRESS 2137 NORTH COURTENAY PARKWAY CITY-ST-ZIP CITY-ST-ZIE MERRITT ISLAND FL 32953 Delete ☐ Change Addition TITLE TITLE NAME CHAPMAN, ERNEST NAME STREET ADDRESS STREET ADDRESS 2137 NORTH COURTENAY PARKWAY CITY-ST-ZIP CITY-ST-ZIE MERRITT ISLAND FL 32953 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FENEL > CHAPMON

4/22/01

321-455-1508

☐ Change

☐ Addition

Daytime Phone #