DOCUMENT #	P94000030340
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1. Entity Name

COMMUNICATIONS BY CHOICE, INC.

Principal	Place of	Business	
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Mailing Address

2137 NORTH COURTENAY PARKWAY

2137 NORTH COURTENAY PARKWAY

34

MERRITT ISLAND FL 32953

MERRITT ISLAND FL 32953

US

US

2. Principal Place of Business

3. Mailing Address

777 E. Memin Island

177 E. Merrit YELAND (SWY

DO NOT WRITE IN THIS SPACE

322 321				DO NOT WHILE IN THIS SPACE					
City & State Merrit Asiano, Fl.		City & State	MERNIT JELAND, FI.:		4. FEI Number 65-0489807			Applied For Not Applicable	
^{Zip} 3 2 9 S 2	Bre vard	32952	Bre vard	. 5. ·	Certificate of Status Des	ired 🗌	\$8.75 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
2137 NOI MERRITT	N, ERNEST G RTH COURTENAY PARKWAY ISLAND FL 32953 e named entity submits this statement for ERUEST CHOCK Signature, typed or printed name of registered agent	man	Men Nen	E. Me	Box Number is Not Acce LITT IS IN UNCE MAIL UN	Svite F	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Code S	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEI After May 1, 2002 Fee Make Check Payable to its				tment of State 10. Election Campaign Financing Trust Fund Contribution. □ \$5.00 May B Added to Fees					
11.	OFFICERS AND		12.	AD	DITIONS/CHANGES TO	OFFICERS A			
TITLE NAME	PD Chambers, Dennis	☐ Delete	TITLE NAME				Chang	ge 🗌 Addition	
STREET ADDRESS	2 187 NORTH COURTENAY PARI	MAY		70H 6	merria Isc	AN //			
CITY-ST-ZIP	MERRITT ISLAND FL 32953	WIAI			ISLAND,		195 3		
TITLE	VD	☐ Delete	TITLE				Chang	ge 🔲 Addition	

NAME CHAPMAN, ERNEST 177 E. Merrit Isla-10 CSWY STREET ADDRESS 2137 NORTH COURTENAY PARKWAY STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information a indicated on this report of purpleme upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information poplemer plementer 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 er or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or changed, or on an

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGN