

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048704

1. Entity Name

PINNACLE COMMUNICATIONS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90030 031 ***150.00

Principal Place of Business

Mailing Address

1605 MAIN ST.
 STE 1004
 SARASOTA FL 34236
 US

P.O. BOX 10338
 SARASOTA FL 34278-0338

2. Principal Place of Business

3. Mailing Address

10611 FRUITVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

4. FEI Number

65-0509709

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYO, TODD L
 10611 FRUITVILLE ROAD
 SARASOTA FL 34240

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME PST
 STREET ADDRESS MAYO, TODD L
 CITY-ST-ZIP 1605 MAIN ST STE 1004 SARASOTA FL

TITLE Change Addition
 NAME
 STREET ADDRESS 10611 FRUITVILLE ROAD
 CITY-ST-ZIP SARASOTA FL 34240

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 941-342-9088
 Date Daytime Phone #

CFR - 004 (MAY 00)