

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066613

1. Entity Name

ELITE DIGITAL COMMUNICATIONS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90205 014 ***150.00

Principal Place of Business

Mailing Address

1850 LEE ROAD
 SUITE #115
 WINTER PARK FL 32789
 US

1850 LEE ROAD
 SUITE #115
 WINTER PARK FL 32789-2104
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3266802

Applied For

Not Applicable

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

BURDICK, TOM
 1850 LEE ROAD
 SUITE #115
 WINTER PARK FL 32789

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 N/A

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 D ☐ Delete
 NAME DINKLAGE, KEN
 STREET ADDRESS 620 E. COLONIAL DR., BOX 833709
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32853

TITLE PD ☐ Delete
 NAME BURDICK, TOM
 STREET ADDRESS 1850 LEE ROAD SUITE #115
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME HUNTER, CLAUDE
 STREET ADDRESS 620 E. COLONIAL DR., BOX 531166
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32853

TITLE DT ☐ Delete
 NAME REYNOLDS, DON
 STREET ADDRESS 1016 WATER COURT
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME SMOTHERTON, SCOT
 STREET ADDRESS 615 CHEROKEE CIR
 CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
 NAME SCOT SMOTHERMAN
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME INOCHOVSKY, ROMAN
 STREET ADDRESS 5211 S WASHINGTON AVENUE
 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 8814 BAY HARBOR BLVD.
 CITY-ST-ZIP ORLANDO FL 32836

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:

THOMAS B. BURDICK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000 407-647-7273

Date

Daytime Phone #

CR2E034 (9/99)