.2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000092995** Apr 07, 2000 8:00 am Secretary of State AMERICA II COMMUNICATIONS, INC. 04-07-2000 90029 033 ***158.75 Principal Place of Business Mailing Address C/O D. MICHAEL POINTER, II 1012 118TH AVENUE NORTH 2510 118TH AVE N. ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716-1919 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 59-3284604 Not Applicable Zip Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ---7. Name and Address of New Registered Agent Name POINTER, D. MICHAEL 17 Street Address (P.O. Box Number is Not Acceptable) 2550 1187H AVENUE NORTH ST. PETERSBURG FL 33716 th Avenue of changing its registered office or registered agent, or both, in the State of Florida 8. The above pamed entity submits this statement for the purpose SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 11. 12. **DCEO** TITI F ☐ Delete TITLE ☐ Change NAME GALINSKI, MICHAEL B NAME STREET ADDRESS STREET ADDRESS 2500 118TH AVE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Change ☐ Addition ☐ Delete TITLE TITLE POINTER, D. MICHAEL II NAME NAME STREET ADDRESS STREET ADDRESS 2510 118TH AVE N. CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Change — Addition ☐ Delete TITLE TITLE Aris Rogers 2500 118th Avenue North NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL 33716 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De'ete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ De ete TITLE NAME NAME STREET ADDRESS 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 empty 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 empty weekers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Date

Date