2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000007809** 1. Entity Name FM COMMUNICATIONS INC. Princip

SIGNATURE:

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90158 047 ***150.00

Principal Place of Business Mailing Address								
		711 ADDIDAS RD. WINTER SPRINGS FL 32708-3829		\$1004904				
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State		City & State		4.	FEI Number 59-3299863	Number 59-3299863 Applied For Not Applicab		
Zip	Country	Zip	Country	5.	Certificate of Status Desired		5 Addit	
	6. Name and Address of Current R	legistered Agent		- 7.	Name and Address of New Reg			
				Name				
BARNOCKY'S ACCOUNTING & TAX SERVICE INC. 890 NORTHERN WAY			Stree	Street Address (P.O. Box Number is Not Acceptable)				
SUITE A-1				,				
WINT	TER SPRINGS FL 32708-3880		City			FL Zip	p 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 an	id title if applicable (NO	TE-Registered Agent sig	nature required when r	einstating)	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 S		\$550.00	10. Election Campaign Finand Trust Fund Contribution.		\$5.00 Added	May Be to Fees
11.	OFFICERS AND D	DIRECTORS	12.	Αſ	DDITIONS/CHANGES TO OFFICE	ERS AND DIREC	CTORS	IN 11
TITLE	DPT	☐ Delete	TITLE			☐ Ct	nange	Addition
NAME	MILLER, FERN		NAME	1				
STREET ADDRESS	711 ADDIDAS RD.		STREET ADDRES	S				Ì
CITY-ST-ZIP	WINTER SPRINGS FL		CITY-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	"				
0111-01-20			3.7.1 01 2.11					

13. I hereby certify that the information supplied with this filling 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 producted.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR