2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014816

Mar 08, 2000 8:00 am Secretary of State KING PAGING, INC. 03-08-2000 90046 042 ***150.00 Principal Place of Business Mailing Address ... NORTH PINE HILLS ROAD 825 NORTH PINE HILLS ROAD ORLANDO FL 32808-7234 COFFEDURE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2626378 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KING, ANNIE D Street Address (P.O. Box Number is Not Acceptable) 825 NORTH PINE ISLAND HILLS ROAD ORLANDO FL 32808 Zip Code FL 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) 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 12. 11. Addition DP Change TITLE Delete TITLE KING. ANNIE D NAME 825 NORTH PINE HILLS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Change TITLE ☐ Delete KING, JAMES W NAME NAME STREET ADDRESS STREET ADDRESS 825 NORTH PINE HILLS ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE KING, DEXTER J NAME 825 NORTH PINE HILLS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Change Addition ☐ Delete TITLE KING, ANDRITA NAME STREET ADDRESS 825 N. PINE HILLS ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

Delete

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Addition

FILED