## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 05, 2003 8:00 am & Secretary of State P95000024090 DOCUMENT # 05-05-2003 90308 047 \*\*\*150.00 931 MHZ PAGING CORP. Principal Place of Business Mailing Address 1499 W. PALMETTO PARK RD. 1499 W. PALMETTO PARK RD. SUITE 405 SUITE 405 **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0576825 Not Applicable Zip Zip Country 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 SHEPARD & LESKAR, P.A. Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH PINE ISLAND ROAD, #201 PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE Change Addition HILLS, SHELDON NAME NAME 1499 W. PALMETTO PK RD. #405 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HILLS, LORNA NAME NAME 1499 W. PALMETTO PK RD. #405 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP City-st-7iP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 emperated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Daytime Phone #