## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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## **FILED** Apr 15 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P95000034562 (5) EMP COMMUNICATIONS INTERNATIONAL INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For - 11 - 11 26 Not Applicable 65-0589407 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Žip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SIMMS, R J 1201 GEORGE BUSH BLVD 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL 33407 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I applications of section 607.0505, Florida Statutes. くみ めころえい ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TiTL F 1 1 TITLE Change Addition SEAS ST. CHARLES PLACE 3590 N.W 61 ST CIRCLE PATTEN, EUSABETH NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL 33494 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if or 19 an attachment with an address.

3.3 STREET ADDRESS

3.4. CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS

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6.1 TITLE

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**SIGNATURE**