

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90003 018 \*\*\*150.00

**DOCUMENT # P95Q00038868**

1. Entity Name

**TEAM ONE COMMUNICATIONS, INC.**

Principal Place of Business

**5580 N.W. 36TH AVE.  
 FORT LAUDERDALE FL 33309**

Mailing Address

**41 N. JEFFERSON ST., STE. 100  
 PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3517750**

Applied For  
 Not Applied For

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LIVINGSTON, JEFFREY G  
 2112 W YONGE ST  
 PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Accepted)

City

State

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.

SIGNATURE

Signature typed or printed name of registered agent and title (required)

(NOTE: Registered Agent's signature required when changing)

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	<b>D</b>						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change		<input type="checkbox"/> Addition
	<b>LIVINGSTON, DON C JR</b>	<b>2112 W. YONGE ST</b>	<b>PENSACOLA FL 32505</b>				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change		<input type="checkbox"/> Addition
	<b>D</b>						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change		<input type="checkbox"/> Addition
	<b>LIVINGSTON, JEFFREY</b>	<b>2112 W. YONGE ST</b>	<b>PENSACOLA FL 32504</b>				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change		<input type="checkbox"/> Addition
					<input type="checkbox"/> Change		<input type="checkbox"/> Addition
					<input type="checkbox"/> Change		<input type="checkbox"/> Addition
					<input type="checkbox"/> Change		<input type="checkbox"/> Addition
					<input type="checkbox"/> Change		<input type="checkbox"/> Addition
					<input type="checkbox"/> Change		<input type="checkbox"/> Addition

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

850-439-1442

Secretary of State

CR2F034 (10.0.00)