

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90284 039 ***150.00

DOCUMENT # P95000091437

1. Entity Name
RON SACHS COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
 150 S MONROE ST 150 S MONROE ST
 STE 306 STE 306
 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-1561
 US US



2. Principal Place of Business 3. Mailing Address
118 North Monroe St **118 North Monroe St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 301 **Suite 301**

City & State City & State
Tallahassee, FL **Tallahassee, FL**

Zip Country Zip Country
32301 **Leon** **32301** **Leon**

4. FEI Number Applied For
59-3348458 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOWARD, P. TIM
1424 E PIEDMONT DRIVE
SUITE 202
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent
 Name: **Ron Sachs**
 Street Address, (P.O. Box Number is Not Acceptable):
118 No. Monroe St Suite 301
 City: **Tallahassee** FL Zip Code: **32301**

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: Tim P. Howard DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SACHS, RONALD L	
STREET ADDRESS	110 EAST JEFFERSON STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ronald L. Sachs **RONALD L. SACHS** **President** Date: **4-26-2000** Daytime Phone #: **222-1996**

CR2E034 (9/99)