

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001722

1. Entity Name  
EVOLUTION COMMUNICATIONS, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90105 009 \*\*\*150.00

Principal Place of Business  
11911 U.S. HIGHWAY ONE  
SUITE 306  
NORTH PALM BEACH FL 33408  
US

Mailing Address  
11911 U.S. HIGHWAY ONE  
SUITE 306  
NORTH PALM BEACH FL 33408  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0630177

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, STEVEN L ESQ  
6334 FOSTER STREET  
SUITE 100  
PALM BEACH GARDENS FL 33420-3118

Name  
STEVEN L. ROBBINS ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
11911 U.S. HWY. ONE STE. 306  
City NORTH PALM BEACH FL Zip Code 33408

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)

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 IN 11

TITLE P  
NAME ATHINEOS, ALEX  
STREET ADDRESS 12954 NORTH NORMANDY WAY  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE P  
NAME ATHINEOS, ALEX  
STREET ADDRESS 11911 US HWY. #1, SUITE 306  
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☒ Change ☐ Addition

TITLE ST  
NAME ATHINEOS, ANNA K  
STREET ADDRESS 2626 PGA BLVD., # 103  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

TITLE ST  
NAME ATHINEOS, ANNA K  
STREET ADDRESS 11911 US HWY. #1, SUITE 306  
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☒ Change ☐ Addition

TITLE D  
NAME KULUKUNDIS, MICHAEL M  
STREET ADDRESS 11911 US HWY. # 1, SUITE 306  
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: 26 Phone: 4

CR2E034 (10/00)