

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90105 043 \*\*\*150.00

**DOCUMENT # P96000002232**

1. Entity Name  
**DIGITAL COMMUNICATIONS NETWORK, INC.**

Principal Place of Business

**9340 DANTEL DRIVE  
 NEW PORT RICHEY FL 34656**

Mailing Address

**9340 DANTEL DRIVE  
 NEW PORT RICHEY FL 34654-5618**

120074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9436 Regency PK Blvd.**

Suite, Apt. #, etc.  
**Suite A**

City & State  
**PORT RICHEY, FL.**

Zip  
**34668**

Country  
**U.S.A.**

3. Mailing Address

**9436 Regency PK Blvd.**

Suite, Apt. #, etc.  
**Suite A**

City & State  
**PORT RICHEY, FL.**

Zip  
**34668**

Country  
**U.S.A.**

4. FEI Number **59-3351860**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROCK, DANIEL P ESQ.  
 5728 MAIN STREET  
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name **DONNA FOGEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9340 DANTEL DRIVE**  
 City **NEW PORT RICHEY FL** Zip Code **34654**

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 **Donna Fogel CEO** *Donna Fogel* DATE **4/25/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOGEL, WAYNE 9340 DANTEL DRIVE NEW PORT RICHEY FL 34656</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOGEL, DONNA 9340 DANTEL DRIVE NEW PORT RICHEY FL 34656</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Donna Fogel* **Donna Fogel CEO** Date **4/25/00** Daytime Phone # **727-842-4444**

CR2E034 (9/99)