

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002232

1. Entity Name

DIGITAL COMMUNICATIONS NETWORK, INC.

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

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

Principal Place of Business

9340 DANTEL DRIVE  
NEW PORT RICHEY FL 34656

Mailing Address

9340 DANTEL DRIVE  
NEW PORT RICHEY FL 34654-5618

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.



DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 D  
NAME FOGEL, WAYNE  
STREET ADDRESS 9340 DANTEL DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34656 ☐ Delete

TITLE D  
NAME FOGEL, DONNA  
STREET ADDRESS 9340 DANTEL DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34656 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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 like empowered.

SIGNATURE: Donna Fogel CEO

Date

Daytime Phone #

727-842-4444

CR2E034 (9/99)