2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 08:00 AM P96000014125 DOCUMENT # Entity Name **Secretary of State** MAJOR COMMUNICATIONS CONSULTING, INC. Principal Place of Business Mailing Address 6337 N TERRELL RD PO BOX 617 TANGERINE FL TANGERINE FL32777 32777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3363316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTER MAJOR BRENDA 6337 N TERRELL RD Street Address (P.O. Box Number is Not Acceptable) 6337 N TERRELL RD TANGERINE FL32777 City Zip Code TANGERINE 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. BRENDA MAJOR 04/24/2001 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 FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VΡ TITLE ☐ Delete TITLE X Change ☐ Addition CR2E034 (11/00) BRENDA MAME MAJOR NAME MAJOR BRENDA 6337 N TERRELL RD STREET ADDRESS STREET ADDRESS 6337 N TERRELL RD TANGERINE CITY-ST-ZIP FL 32777 CITY-ST-ZIP TANGERINE PD ☐ Delete TITLE VΡ X Change NAME JONES WALTER NAME JONES WALTER STREET ADDRESS 6337 N TERRELL RD STREET ADDRESS 6337 N TERRELL RD CITY-ST-ZIP TANGERINE FL 32777 CITY-ST-ZIP TANGERINE FL32777 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/24/2001

Daytime Phone #

Date

BRENDA MAJOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _