

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90018 008 \*\*\*550.00

**DOCUMENT # P96000037268**

1. Entity Name  
**CONUNDRUM COMMUNICATIONS, INC.**

Principal Place of Business  
**206 6TH AVE NE**  
**ST. PETERSBURG FL 33701**

Mailing Address  
**P.O. BOX 76419**  
**ST. PETERSBURG FL 33743**



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 **59-3385304**

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

**GRAVES, A. SHEREE**  
**206 6TH AVE NE**  
**ST. PETERSBURG FL 33701**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ 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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRAVES, A. SHEREE</b>	
STREET ADDRESS	<b>206 6TH AVE NE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>VINCENT, M DIANE</b>	
STREET ADDRESS	<b>405 FLAMINGO AVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KING, ELIZABETH</b>	
STREET ADDRESS	<b>4601 174TH PLACE SE</b>	
CITY-ST-ZIP	<b>BELLEVUE WA 98006</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **A. Sheree Graves 8-23-02 727-898-7274**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)