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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055709

1. Corporation Name

| WEST C | OAST SOUND AND COMMI | UNICATIONS INC. | · | | |
|--|--|--------------------------------------|---|--|---|
| Principal Place | of Business | Mailing Address | | 1 (1001(11) (j) 181(0 6)(4) 083)(QD)(4 03)(4 04)(4 08)(| II BIIGH BISH IBBN BBND IBN 1883 |
| 7131 CORAL RE | | 7131 CORAL REEF DRIVE | | | |
| PORT RICHEY FL 34668 PORT RICHEY FL 34668 | | | DO NOT WEST IN THE | C CDACE | |
| U\$ U\$ | | | DO NOT WRITE IN THI | S SPACE | |
| | | | | 3. Date Incorporated or Qualifed 06/28/1996 | |
| 0 02-3-10 | and of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| — · | ace of Business | — · | | 59-3392983 | Not Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | 9 , | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | • | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year I | |
| 24 | 25 | | 30 | Personal Property Tax. | Yes No |
| | 9. Name and Address of Curren | nt Registered Agent | Od Nome | 10. Name and Address of New Registered | d Agent |
| ₽∩DI | AWCKI CHWADD D | | 81 Name | | |
| Poplawski, Edward P. 7131 Coral Reef Drive | | | 82 Street Add | tress (P.O. Box Number is Not Acceptable) | |
| | T RICHEY FL 34668 | | 83 | | |
| , 011 | THIOTIET TE 34000 | : | 83 | | |
| | | | 84 City | F | 85 Zip Code |
| 44 5 | - 4 Continue 607 050 | 22 and 607 1509 Elorido Statuto | s the above-named corr | noration submits this statement for the numose (| of changing its registered |
| office or re | egistered agent, or both, in the State | of Florida, Such change was au | thorized by the corporat | poration submits this statement for the purpose of ion's board of directors. I hereby accept the app | ointment as registered |
| agent. I a | m familiar with, and accept the obliga | itions of, Section 607.0505, Flori | da Statutes. | | |
| OLONIA TURE | | | | | |
| SIGNATURE | Signature, typed of printed name of registered ager | nt and title if applicable. (NOTE: f | Registered Agent signature requir | ed when reinstating) DATE | |
| 12. | Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE: F | Registered Agent signature requir | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | |
| | | | | 3, | AND DIRECTORS IN 12 |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | 3, | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. 1.1 TITLE | 3, | |
| 12. TITLE NAME | P POPLAWSKI, EDWARD | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME | 3, | ☐ Change ☐ Addition |
| 12. TITLE NAME STREET ADDRESS | P POPLAWSKI, EDWARD 7131 CORAL REEF DR | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | 3, | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | P POPLAWSKI, EDWARD 7131 CORAL REEF DR | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | 3, | ☐ Change ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | P POPLAWSKI, EDWARD 7131 CORAL REEF DR | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | 37 | ☐ Change ☐ Addition |
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CITY-ST-ZIP. 14. 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 annual report of supplements annual 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 reserver or number of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap attachment with an address, with all other like empowered.

SIGNATURE: