1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000075391**1. Corporation Name

S D COMMUNICATIONS INC.

Principal	Place	of	Business
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FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90007 033 ***550.00



Principal Plac	e of Business	Mailing Address					.,		
246 GLADES C		246 GLADES CIR							
LARGO FL 34641 LARGO FL 34641						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						09/11/1996			\
2. Principal P	Place of Business .	2a. Mailing Address			····	4. FEI Number			Applied For
SD	COMMUNICATION	26 SD COMIS	ろらい	NIC	VOITA	59-3426570			Not Applicable
Suite, Apt.	. #, etc.	Suite Ant # etc				5. Certifcate of Status Desired		•	5 Additional
2 991	a stockbridge D	727 9919 Sto	<u>ck</u>	271	dge Dr.	5. Certificate of Status Desired		Fee	Required
City & Sta	- ` `1	City & State	=10	~	4 a	6. Election Campaign Financing			0 May Be
3 Tan	npa, Florida	20 10.			۸۷	Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou		^	8. This corporation owes the curre	ent year Int	angible X Yes	□No
4 336			10 Y	15	<u>~ · </u>	Personal Property Tax. 10. Name and Address of New R	enistered .		L1140
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New A	egistered	-genit	
SINI	HA, DHANANJAY				Maine				
	GLADES CIR			82	Street Addres	ss (P.O. Box Number is Not Accepta	ible)		
	IGO FL 34641			83					
D411	100 12 01011			65					
				84	City	***	FL	85 Zi	p Code
	to the provisions of Sections 607.0502					ii barita thia atatamant for the		ahanaina	ite registered
SIGNATURE	am familiar with, and accept the obligat				ignature required v	when reinstating)	DATE		
12.	OFFICERS ANI		13.	Agoin a	griatara required s	ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
TITLE	Р	☐ DELETE	1.1 TH	TLE				☐ Chang	
NAME	SINHA, DHANANJAY		1.2 NA	ME					
STREET ADDRESS	ALA OLABEO OID		1.3 ST	REET AL	DDRESS				
CITY-ST-ZIP	LARGO FL 34641		1.4 CI	TY-ST-Z	ZiP				
TITLE		☐ DELETE	2.1 TII	TLE				Chang	e Addition
NAME			22 NA	ME					
STREET ADDRESS			2.3 ST	REET AL	DORESS				
CITY-ST-ZIP			2. 4 C	TY-ST-	ZIP				
TITLE		☐ DELETE	3.1 TIT	TLE				☐ Chang	ge
NAME			3 2 NA	ME					
STREET ADDRESS	6		3.3 ST	REET AI	DORESS				
CITY-ST-ZIP			3.4 CI	ITY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TD	TLE				Chang	ge
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STREET ADDRESS	5		4 3 ST	REET A	DORESS				
CITY-ST-ZIP			4.4 CF	TY-ST-Z	ZIP				
TITLE			5.1 TI	TLE		•		Chang	ge 🗌 Addition
NAME		☐ DELETE	J. 1 11		1				
STREET ADDRESS	1	☐ DELETE	5.2 NA						
CITY-ST-2IP	3	☐ DELETE	5 2 NA	AME	DORESS				
		☐ DELETE	5.2 NA 5.3 ST	AME					
TITLE		☐ DELETE	5.2 NA 5.3 ST	AME TREET AI TY-ST-2				☐ Chang	ge 📋 Addition
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			5 2 NA 5.3 ST 5 4 CI 6.1 TI 6 2 NA	AME TREET AI TY-ST-Z TLE AME				☐ Chang	ge 📋 Addition

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 or supplemental 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 receiver or trustee 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 an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date