## FILED Mar 05, 2003 8:00 am & Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	JMENT # P9700  OMMUNICATIONS INTERNA	0003347 ATIONAL, INC.		Secretary of State 03-05-2003 90031 013 ***150.00
Principal Pla 1248 SARA C WINTER PARI		Mailing Address 1248 SARA COURT WINTER PARK FL 32789		
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Sta	ite	City & State		4. FEI Number 11-2857801 Applied For Not Applicab
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
KADRAGIO	^ ALBAA		Name	•
1248 SAR	•		Street Add	ddress (P.O. Box Number is Not Acceptable)
	PARK FL 32789			
			City	FL Zip Code
8. The above the obligation of	e named entity submits this statement fo tions of registered agent.  Signature, typed or printed name of registered agent a			registered agent, or both, in the State of Florida. I am familiar with, and accepted to the state of Florida. I am familiar with, and accepted when reinstating)
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KADRAGIC, ALMA 1248 SARA COURT WINTER PARK FL 32789	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF GENING OFFICER OR DIRECTOR

<u>3-3-63</u>

407-599-91

Daytime Phone #

CR2E034 (10/02