

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90105 010 ***150.00

DOCUMENT # P97000021463

1. Entity Name

EVOLUTION COMMUNICATIONS HOLDINGS, INC.

Principal Place of Business

11911 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408

Mailing Address

11911 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number ~~65-0630177~~
65-0753237

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, STEVENS L ESQ
P.O. DRAWER 33118
6334 FOSTER ST., STE 100
PALM BEACH GARDENS FL 33420

7. Name and Address of New Registered Agent

Name

STEVEN L. ROBBINS ESQ.

Street Address (P.O. Box Number is Not Acceptable)

11911 U.S. HWY ONE STE. 306

City

NORTH PALM BEACH

FL

Zip Code

33408

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

[Signature]

Signature, typed or printed name of registered agent and file if applicable.

[Signature] **STEVEN L. ROBBINS**

(NOTE: Registered Agent's signature required when reinstating)

4/11/01

DATE

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, 2001 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

TITLE **D** ☐ Delete
NAME **ATHINEOS, ALEXIS A**
STREET ADDRESS **11911 U.S. HIGHWAY ONE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ Delete
NAME **ATHINEOS, ANNA K**
STREET ADDRESS **11911 U.S. HIGHWAY ONE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ Delete
NAME **KULUKUNDIS, M. MICHAEL**
STREET ADDRESS **11911 U.S. HIGHWAY ONE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

(561) 624-9570

Daytime Phone #

CR2E034 (10/00)