2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90068 033 ***150.00

DOCUMENT # P97000029290

1. Entity Name

MET COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
15009 N. DALE MABRY TAMPA FL 33618 US	P.O. BOX 271689 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12215 N. FLORIDA AVE	P.O. BOX 17190
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33612 Country: U.S.A	Zip: 33692 Country: USA

4. FEI Number 59-3435918 ☐ Applied For ☐ Not Applicable

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
THOMPSON, BRYAN 15009 NORTH DALE MABRY TAMPA CH FL 33618	Name: THOMPSON, BRYAN Street Address (P.O. Box Number is Not Acceptable): 12215 N. FLORIDA AVE City: TAMPA FL Zip Code: 33612

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: Bryan Thompson 4/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, BRYAN 6418 US HWY 41 N SUITE 111 APOLLO BEACH FL 33572	☐ Delete	D THOMPSON, BRYAN, 12215 N. FLORIDA AVE TAMPA, FL, 33612	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONDOR, RICHARD A 9915 WOODBAY DR. TAMPA FL 33626	☐ Delete	D MONDOR, RICHARD A 10401 GREENMONT DRIVE TAMPA, FL. 33626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELKINS, RUSSELL M 24 HICKORY LANE SAFETY HARBOR FL 34695	☐ Delete	D ELKINS, RUSSELL P.O. BOX 5035 FAIRMOUNT, WV. 26555-5035	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Bryan Thompson 4/19/01 9139360200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)