## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000029290

FILED Jan 05, 2004 Secretary of State

**Entity Name: MET COMMUNICATIONS, INC. Current Principal Place of Business: New Principal Place of Business:** 12215 N. FLORIDA AVE TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** PO BOX 17190 TAMPA, FL 33652 FEI Number: 59-3435918 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, BRYAN 12215 N. FLORIDA AVE TAMPA, FL 33612 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition THOMPSON, BRYAN THOMPSON, BRYAN Name: Name: 12215 N. FLORIDA AVE 12215 N. FLORIDA AVE Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

Title: D () Delete Title: VP (X) Change () Addition

Name: MONDOR, RICHARD A Name: MONDOR, RICHARD A Address: 10401 GREENMONT DRIVE Address: 10401 GREENMONT DRIVE

City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete Title: CFO (X) Change ( ) Addition Name: ELKINS, RUSSELL M Name: ELKINS, RUSSELL M

 Name:
 ELKINS, RUSSELL M
 Name:
 ELKINS, RUSSELL

 Address:
 PO BOX 5035
 Address:
 PO BOX 5035

City-St-Zip: FAIRMOUNT, WV 265555035 City-St-Zip: FAIRMOUNT, WV 265555035

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN THOMPSON P 01/05/2004