2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P97000039800** Jan 28, 2000 8:00 am **Secretary of State** ALL-IN-ONE COMMUNICATIONS, INC. 01-28-2000 90212 035 ***150.00 Principal Place of Business Mailing Address 111 N. ORANGE AVENUE #1200 111 N. ORANGE AVENUE #1200 ORLANDO FL 32801-2361 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3446484 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHAMS, MAURICE Street Address (P.O. Box Number is Not Acceptable) 111 N. ORANGE AVENUE #1200 ORLANDO FL 32801 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on-back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change TITLE ☐ Delete HUHN, CLETE F NAME NAME STREET ADDRESS 1100 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE MORAN, THOMAS P NAME NAME 111 N. ORANGE AVENUE #1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 _ Change ☐ Addition TITLE ☐ Delete TITLE LOCKARD, LARRY NAME NAME STREET ADDRESS 700 E. MICHIGAN AVENUE #102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SHAMS, MAURICE NAME NAME STREET ADDRESS STREET ADDRESS 111 N. ORANGE AVENUE #1200 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Change ☐ Addition ☐ Delete TITLE NAME HIATT, JACK NAME STREET ADDRESS 3033 MERCY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Change □ Addition TITLE ☐ Delete TITLE NAME NAME TREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP with this filing does not qualify to it is true and accurate and that provered to execute this report 13. I hereby certify that the information supp e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter by Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplement of the corporation or the receiver of changed, or on an attachment with a (() Maurice) Shams, 1/18/2000

407-841-4141

Daytime Phone #