

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90237 025 ***150.00

DOCUMENT # P97000043258

1. Entity Name

Ralston Communications, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 Yamato Road

Suite, Apt. #, etc.

Suite 3131

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Address

301 Yamato Road

Suite, Apt. #, etc.

Suite 3131

City & State

Boca Raton, FL

Zip

33431

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0754419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michele Ralston

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

301 Yamato Road

Suite 3131

City

Boca Raton

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$61.28

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
President/Director
NAME
Michele Ralston
STREET ADDRESS
301 Yamato Road, Suite 3131
CITY-ST-ZIP
Boca Raton, Florida 33431

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)