2000 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2000 8:00 am Secretary of State DOCUMENT # **P97000061525** EAST WEST COMMUNICATIONS, INC. 04-07-2000 90034 041 ***150.00 Principal Place of Business Mailing Address 4301 OAK CIRCLE 4301 OAK CIRCLE UNIT 10 UNIT 10 BOCA RATON FL 33431 BOCA RATON FL 33431-4257 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0775179 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOHE, MARK D Street Address (P.O. Box Number is Not Acceptable) 680 W INDUSTRIAL AVE #4 **BOYNTON BEACH FL 33426** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR ☐ Addition PDS ☐ Delete TITLE TITLE STEVENSON, JAMES P NAME NAME 16 SPANISH RIVER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCEAN RIDGE FL 33435 CITY-ST-ZIP V Pres / SEC / DIRECTOR ☐ Addition ☐ Delete TITLE TITLE ROSENBERG, GENE NAME NAME STREET ADDRESS 10348 186TH CT-SO STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP CITY-ST-7IP : **X** Addition TREASURER ☐ Change ☐ Delete TITLE TITLE MARK D. YOHE NAME 680 W INDUSTRIAL AVE #4 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GOTUTOR CITY-ST-ZIP ☐ Delate Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY+S1-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR