FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

Feb 07, 2002 8:00 am **DOCUMENT # Secretary of State** P97000070300 1. Entity Name 02-07-2002 90309 001 ***150.00 A T & S COMMUNICATIONS, INC. Principal Place of Business Mailing Address 38 CRANDON BLVD. 38 CRANDON BLVD. KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0776278 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent George E Shalhub SALA, A. ROSEMARY Street Address (P.O. Box Number is Not Acceptable) 328 CRANDON BLVD. **KEY BISCAYNE FL 33149** 38 Crandon Blvd City Zip Code Key B<u>iscayne</u> and for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state George Shalhub 1/21/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This perpenation is efficiely to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01) ☐ Delete TITLE ☐ Addition SHALHUB, GEORGE NAME NAME 38 CRANDON BLVD. STREET ADDRESS STREET ADDRESS CR2E034 **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ۷P 🔁 Delete ☐ Change Addition NAME ACKERMAN, STEVEN M NAME Ernesto Prieto **7328 SW 48TH STREET** STREET ADDRESS STREET ADDRESS 38 Crandon Blvd CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP Key Biscayne, FL TITLE □.Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Daytime Phone #