

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90234 038 ***150.00

DOCUMENT # P97000101673



1. Entity Name

Automated Communication Systems Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 Harrison

3. Mailing Address

801 Harrison

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0797393

Applied For

Not Applicable

Zip

33019

Country

USA

Zip

33019

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

11016663

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Linda J Giordano

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

City Hollywood

FL

Zip Code 33019

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda J Giordano

4/10/03

Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME Linda J Giordano
STREET ADDRESS 801 Harrison
CITY-ST-ZIP Hollywood FL 33019

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda J Giordano

Linda J Giordano

4/10/03

9349270229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #