

**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 Suite, Apt. #, etc.
 3. Mailing Address 801 Harrison Suite, Apt. #, etc.
 City & State Hollywood FL City & State Hollywood FL
 Zip 33019 Country USA Zip 33019 Country USA

11016663

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4. FEI Number 65-0797393 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 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 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 DATE 4/10/03
Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when reinstating)

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

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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 DATE 4/10/03 DAYTIME PHONE # 9349270229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR