FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URB

Uniform Business Report (UBR)

DOCUMENT #

1. Entity Name

P97000101904

CCI SPECTRUM INDUSTRIES, INC.

FILED Mar 19, 2002 8:00 am Secretary of State

03-19-2002 90028 006 ***150.00

2. Principal Pleace of Business 6525 GREEFNLAND ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32241 655-0803935 Not Applied For N
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.
JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32241 65-0803935 Not Applicable Zip 32258 DUVAL 32241 DUVAL T. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Total Space The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Signature Signature, typest or prince name of registered agent and this if applicable. Note: Registered office or registered agent, or both, in the State of Fiorida. Signature is eligible to satisfy its intangible Tax filing requirement and elects to do so. After May 1, Fee is \$150.00 After May 1, Fee i
JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32241 65-0803935 Non Applicable Zip 32258 DUVAL 32241 DUVAL 32241 S. Certificate of Status Desired S. 8.75 Additional Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE City JACKSONVILLE City JACKSONVILLE City JACKSONVILLE FL 32258 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, typest or printed name of registered agent and table if applicable. 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After Visy 1, Fee is \$150.00 After Visy 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 11. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 12. Election Campaign Financing Trust Fund Contribution. 13. Election Campaign Financing Trust Fund Contribution. 14. Election Campaign Financing Trust Fund Contribution. 15. OFFICERS AND DIRECTORS Make Check Psyabile to Department of State 16. Election Campaign Financing Trust Fund Contribution. 17. Election C
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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 Fiorida. SIGNATURE Signature Signat
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10. Thereby 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:

TANKEUSE AND TYPED PRIME INTER NAME OF SIGNING OFFICER OF DIRECTOR

3-5-02 904-268-4951

Daytime Phone #