

P.98000013831

Requestor's Name \_\_\_\_\_

**PHONE connection** 168 N. College Ave.  
Fort Collins, CO 80524

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

100002877231--6  
-05/17/99-01094-020  
\*\*\*22.50 \*\*\*\*\*78.75

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

100002877231--6  
-05/17/99-01094-020  
\*\*\*\*\*122.50 \*\*\*\*\*43.75

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Roller  
7-12-99  
BJS*

99 JUL 12 PM 4:50  
**FILED**  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 26, 1999

PHONE CONNECTION  
168 NORTH COLLEGE AVENUE  
FORT COLLINS, CO 80524

SUBJECT: COMMUNICATE, INC.  
Ref. Number: P98000013831

FILED  
99 JUL 12 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for COMMUNICATE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spittler  
Document Specialist

Letter Number: 299A00028968

RECEIVED  
99 JUN 12 PM 1:10  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 17, 1999

THOMAS A. BUSS  
SUITE 300  
605 CRESCENT EXECUTIVE COURT  
LAKE MARY, FL 32746

SUBJECT: COMMUNICATE, INC.  
Ref. Number: P98000013831

99 JUL 12 PM 4:50  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for COMMUNICATE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spitler  
Document Specialist

Letter Number: 499A00032647

RECEIVED  
99 JUL 12 AM 8:31  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Communicate, Inc.

2. The mailing address of the corporation is: 7 N. Rosalind Ave., Orlando, FL 32801

3. Date of incorporation/qualification: 2/11/98 Document number: P98000013831

4. The name and address of the current registered agent and office:

Thomas A. Buss  
7 N. Rosalind Ave.  
Orlando, FL 32801

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Thomas A. Buss  
605 Crescent Executive Crt. Suite 300  
Lake Mary, FL 32746

**FILED**  
99 JUL 12 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Thomas A. Buss  
(Signature of an officer, chairman or vice chairman of the board)

6/6/99  
(Date)

Thomas A. Buss V.P.  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Thomas A. Buss  
(Signature of Registered Agent)

6/7/99  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*