FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # **P98000020866** 05-17-2001 91082 013 ***550.00 VENTURE CORP COMMUNICATIONS, INC. Principal Place of Business Mailing Address 665 REMINGTON FOREST DRIVE 665 REMINGTON FOREST DRIVE SWITZERLAND FL 32259 SWITZERLAND FL 32259 2. Principal Place of Business 3. Mailing Address Buch an Jose Bluc JZSE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 45 5U City & State City & State 4. FEI Number Applied For 59-3496484 Not Applicable 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 ... CAPUTO, VINCENT J Street Address (P.O. Box Number is Not Acceptable) 665 REMINGTON FOREST DRIVE SWITZERLAND FL 32259 City Zip Code FL brits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity so SIGNATURE, ignature, typed or printed name of registered agent and title if applicable nature required when reinstation FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME NAME CAPUTO, VINCENT J STREET ADDRESS STREET ADDRESS 665 REMINGTON FOREST DRIVE CITY-ST-ZIP CITY-ST-ZIP SWITZERLAND FL 32259 ☐ Delete ☐ Change Addition TITLE **PVST** TITLE NAME CAPUTO, VINCENT J STREET ADDRESS STREET ADDRESS 665 REMINGTON FOREST DRIVE CITY-ST-ZIP CITY-ST-7iP SWITZERLAND FL 32259 ☐ Change Addition TITLE ☐ Delete TITLE 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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

changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR