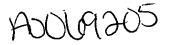
2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 21, 2000 8:00 am Secretary of State DOCUMENT # P98000062479 1. Entity Name BAY AREA COMMUNICATIONS, INC. 07-21-2000 90160 046 ***150.00 Mailing Address Principal Place of Business 207 WOODWARD AVE 207 WOODWARD AVE OLDSMAR FL 34677 OLDSMAR FL 34677 AUUBUZUD 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3523803 Not Applicable Zip Country 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 MCNAMARA, THOMAS P Street Address (P.O. Box Number is Not Acceptable) 2909 BAY TO BAY BLVD, SUITE 309 **TAMPA FL 33629** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Change ☐ Addition ☐ Delete NAME DAVIS, ARNOLD E NAME 207 WOODWARD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF OLDSMAR FL 34677 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITI F 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 ☐ Addition Change TITLE ☐ Delete TITLE 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 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 Block 12 if changed, or on an attachment with all other like empowered.

× 1

SIGNATURE:

POPULUU DONA POPULUE



BAY AREA COMMUNICATIONS

207 WOODWARD AVE OLDSMAR FL 34677 PHONE 230-4347 FAX 854-1080

July 17, 2000

To Whom It May Concern:

This is the first notice I have received regarding my annual report this year. I called your office today and was told to explain the situation and send a check for \$150.00. I can only assume that the first notice was lost in the mail. My address has not changed, as this is also my home.

If you have any questions or concerns, please don't hesitate to call me at (813) 230-4347.

Sincerely,

Arnold Davis
President