2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P98000065822 VANGUARD COMMUNICATIONS GROUP, LIMITED OF SOUTH 04-27-2000 90063 027 ***158.75 Principal Place of Business Mailing Address 1193 NW 114 AVE 1193 NW 114 AVE C0075203 CORAL SPRINGS FL 33071-6310 CORAL SPRINGS FL 33071 2. Principal Place of Business 144 COLONIAL DR DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0855844 Not Applicable WAL Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JENNY MARTIN, JENNY Street Address (P.O. Box Number is Not Acceptable) 1193 NW 71 AVE **CORAL SPRINGS FL 33071** 744 COLONIAL OR 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. (NATE Registered Agent signature required when reinstating) Signature, typed or printed n 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. **PST** ☐ Delete TITLE TITLE BAZSULY, STEVE BAZSULU, STEVE NAME NAME 1744 COLONIAL DE STREET ADDRESS STREET ADDRESS 1193 NW 114 AVE CORAL SPAINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIF CORAL SPRINGS FL 33071 TITLE Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 that e 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 a address, with all emer like empowered.

FILED