

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90180 035 ***150.00

DOCUMENT # P98000066255

1. Entity Name
ACTION COMMUNICATIONS INTERNATIONAL, INC.

Principal Place of Business SOUTH BROWARD ACCOUNTING SERVICE, INC. 7777 N DAVIE RD EXT., STE 102B HOLLYWOOD FL 33024	Mailing Address SOUTH BROWARD ACCOUNTING SERVICE, INC. 7777 N DAVIE RD EXT., STE 102B HOLLYWOOD FL 33024-2523
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3640 Yacht Club Dr	3. Mailing Address
Suite, Apt. #, etc. 1401	Suite, Apt. #, etc.
City & State Aventura FL	City & State
Zip 33180	Country USA

4. FEI Number 65-0854250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CHEDIAK, MIRTA
 C O SOUTH BROWARD ACCOUNTING SRVS., INC.
 7777 N DAVE RD EXT., STE 102B
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent
 Name **CLAUDIA FIGUEROA**
 Street Address (P.O. Box Number is Not Acceptable)
3640 Yacht Club Dr # 1401
 City **AVENTURA** FL Zip Code **33180**

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FIGUEROA, CLAUDIA X 3640 YACHT CLUB DR #1401 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: **4/13/00** (305) 341-3430
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)