

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068219

1. Entity Name

MILAM COMMUNICATIONS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90174 003 ***150.00

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| Principal Place of Business 217 ODHAM DR. SANFORD FL 32773 | Mailing Address 217 ODHAM DR. SANFORD FL 32773-5809 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 59-3524127 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent MILAM, ALLISON 217 ODHAM DR. SANFORD FL 32773 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILAM, JAMES G 217 ODHAM DR. SANFORD FL 32773 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Allison milam 217 odham Dr Sanford FL 32773 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

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|--|---------|-----------------|
| SIGNATURE: | 4/20/00 | 407-322-3829 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |

CR2E034 (9/99)