

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 14 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800015870728
04/15/03--01002--025 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000074981
1. Entity Name
TARGET COMMUNICATIONS, INC

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 8920 12TH AVE N.W Suite, Apt. #, etc. | 3. Mailing Address P.O. BOX 14428 Suite, Apt. #, etc. |
|---|--|

| | |
|--------------------------------------|--------------------------------------|
| City & State BRADENTON, FL | City & State BRADENTON, FL |
| Zip 34209 | Zip 34280-4428 |
| Country USA | Country USA |

| | |
|--|--|
| 4. FEI Number 65-0865508 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|--|
| Name Daniel McKay |
| Street Address (P.O. Box Number is Not Acceptable) 8920 12TH AVE N.W |
| City Bradenton |
| FL Zip Code 34209 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|--|---|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | |
|--|----------------------|---------------------------------------|
| TITLE PRESIDENT | TITLE NAME | DO NOT WRITE IN THIS SPACE |
| NAME DANIEL MCKAY | NAME | |
| STREET ADDRESS 8920 12TH AVE N.W | STREET ADDRESS | |
| CITY - ST - ZIP BRADENTON, FL 34209 | CITY - ST - ZIP | |
| TITLE VICE PRESIDENT | TITLE NAME | DO NOT WRITE IN THIS SPACE |
| NAME ROBERT M NACKOUL | NAME | |
| STREET ADDRESS 37 POLLOCK AVE | STREET ADDRESS | |
| CITY - ST - ZIP PITTSFIELD, MA 01201 | CITY - ST - ZIP | |
| TITLE NAME | TITLE NAME | DO NOT WRITE IN THIS SPACE |
| STREET ADDRESS | STREET ADDRESS | |
| CITY - ST - ZIP | CITY - ST - ZIP | |
| TITLE NAME | TITLE NAME | DO NOT WRITE IN THIS SPACE |
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| TITLE NAME | TITLE NAME | DO NOT WRITE IN THIS SPACE |
| STREET ADDRESS | STREET ADDRESS | |
| CITY - ST - ZIP | CITY - ST - ZIP | |

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: **DANIEL MCKAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2003 941-716-3256
Date Daytime Phone #