FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

## Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P98000681862 FLORIDA TWO-WAY RADIO NETWORK, INC. 04-27-2001 90381 047 \*\*\*150.00 Principal Place of Business Mailing Address G/O-WAGNER & DEGKERT 6/0-WAGNER & DECKERT 1850 FOREST HILL BLVD SUITE 204-A 1850 FOREST HILL BLVD SUITE 204-A WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 Principal Place of Business 3. Mailing Address Go TIMOTHY M. DECKERT o TIMOTHY M. DECKERT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0937757 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DECKERT, TIMOTHY M Street Address (P.O. Box Number is Not Acceptable) 40 TIMOTIHY M. DECKERT, P. A -C/O WAGNER & DECKERT-1850 FOREST HILL BLVD SUITE 204-A WEST PALM BEACH FL 33406 City Zip Code 8. The above named entity submits bis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change ■ Addition CR2E034 (10/00) TITLE MURRILL, HUGH NAME NAME 4621 CHERRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **WEST PALM BEACH FL 33417** TITLE ☐ Delete TITLE HUCH, MURRILL MURRILL, HUGH NAME NAME 8695 PINE CAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP VD ---- -- -- -- -- -- --TITLE Delete □ Addition WARNEKA, ROBERT NAME NAME STREET ADDRESS 8403 SE WOODMERE STREET STREET ADDRESS CITY-ST-ZIP **HOBE SOUND FL 33455** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME 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 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 received 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

empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR