FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91304 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083890

1. Entity Name
CLASSIC COMMUNICATIONS & DESIGN, INC.

11024251

Principal Place of Business	Mailing Address
115 REEDY CREEK DR. FROSTPROOF, FL 33843-9576	300 VIRGINIA ST CLERMONT, FL 34711-7118

2. Principal Place of Business	3. Mailing Address
	115 Reedy Creek Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Frostproof, FL
Zip / Country	Zip: 33843 / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3535378 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRICK, DAVID JR 300 VIRGINIA STREET CLERMONT, FL 34711	Name: Mikael M. Richards Street Address (P.O. Box Number Is Not Acceptable): 115 Reedy Creek Dr. City: Frostproof FL Zip Code: 33843

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: [signature] MICHAEL M. RICHARDS (PT) 04-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT RICHARDS, MICHEAL M 115 REEDY CREEK DR. FROSTPROOF, FL 338439576	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RICHARDS, PAMELA J 115 REEDY CREEK DR. FROSTPROOF, FL 338439576	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Michael M. Richards 04-25-03 863-635-7338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #