FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

May 17, 2001 8:00 am Secretary of State DOCUMENT # P99000002539 1. Entity Name 05-17-2001 91296 024 ***150.00 CAPITAL COMMUNICATIONS GROUP, INC. Principal Place of Business Mailing Address 2424-NLFEDÈRAL HWY BOCA RATON FL 33431 2. Principal Place of Business 12403 Rockledge 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0896207 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUILDBERG, BARRY F Street Address (P.O. Box Number is Not Acceptable) 2424 N FEDERAL HWY **BOCA RATON FL 33431** 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CD TITLE TITLE ☐ Delete NAME SHAPIRO, GARY L NAME P.O. Bix 24279, Christiansted STREET ADDRESS STREET ADDRESS 700 S FEDERAL HWY, SUITE 200 Croix, VI OU 824 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 TITLE POTS ☐ Delete TITLE NAME GOLDBERG, BARRY F NAME 12403 Rockledge Circle Boce Rob-, FC 33428 STREET ADDRESS STREET ADDRESS 700 S FEDERAL HWY SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **BUCA RATON-FL 3343**2 TITLE CEOD ☐ Delete TITLE Change ☐ Addition NAME RUBIN, GARY D NAME 17205 Cortland Lane STREET ADDRESS 700'S FEDERAL HWY, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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-7IP 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.

Daytime Phone #