2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000006030** Jun 15, 2000 8:00 am Secretary of State -- ETTENNYL-COMMUNICATIONS, INC. 06-15-2000 90003 023 ***550.00 Monroe's Communications, Mailing Address Principal Place of Business 2451 MCMULLEN BOOTH ROAD STE. 300 2451 MCMULLEN BOOTH ROAD STE. 300 CLEARWATER FL 33759-1355 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address 2627 McCormick Dr. 627 McCormick Dr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 102 102 City & State 4. FEI Number Applied For City & State learwater lear water Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required usa ---- ≈7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name nne S. Love LOVE, LOUANE S Street Address (P.Q. Box Number is Not Acceptable) 121 N. OSCEOLA AVENUE 2ND FLOOR Bhoce **CLEARWATER FL 33755**

SIGNATURE Sontture, typed or printed name of registered (ge/ft and title if applicable (NOTE: Registered Agent signature required when reinstating)					instating) DAT				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		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 \$5.00 May E Trust Fund Contribution.					
11.	OFFICERS AND DIF	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	D	☐ Delete	TITLE				Change	Addition	
NAME	ME MONROE, CHARLES H III			2627 McCormica Dr., Suite 102					
STREET ADDRESS 2451 MCMULLEN BOOTH ROAD STE. 300			STREET ADDRESS	COC					
AND AN TO A STATE OF THE STATE			CITY OT 710	101.0 m 2040 F1 .227F0					

e purpose of changing its registered office or registered agent, or both, in the State of Florida.

CLEARWATER FL 33759 Change ☐ Addition ☐ Delete TITLE TITLE mcCornucl Dr., Suite 102 NAME MONROE, CHAD M NAME STREET ADDRESS 2451 MCMULLEN BOOTH ROAD STE. 300 STREET ADDRESS Yearwater. Fl 33759 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33759 Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information subplied 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 adjournate 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 fustee 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 an object like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

8. The above name entity submits this statement for the

SIGNATURE AND APED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/00

727/6/9-74:12 Daytime Phone # R2E034 (9/99)