

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000022043 1. Entity Name MSP COMMUNICATIONS, INC.		
Principal Place of Business 12577 NORTHWEST 57TH PLACE CORAL SPRINGS, FL 33076		Mailing Address 12577 NORTHWEST 57TH PLACE CORAL SPRINGS, FL 33076
2. Principal Place of Business 6440 NW 77 PL Suite, Apt. #, etc.		3. Mailing Address 6440 NW 77 PL Suite, Apt. #, etc.
City & State Parkland, FL Zip 33067		City & State Parkland, FL Zip 33067
Country Broward		Country Broward
4. FEI Number 69-0903970		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 342 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 <i>Misty Pinson</i> DATE 4/29/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when additional.)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PINSON, MISTY S 12577 NW 57 PL CORAL SPRINGS, FL 33076 6440 NW 77 PL Parkland, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PINSON, SAMUEL H 12577 NW 57 PL CORAL SPRINGS, FL 33076 6440 NW 77 PL Parkland, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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: <i>Misty Pinson</i> <small>Signature and typed or printed name of signing officer or director</small>		DATE: 4/29/03 994-341-2535 <small>Date Daytime Phone #</small>

11040660



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)