2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000028342

Entity Name: SIGNAL MULTIPLE SERVICES CO.

Apr 04, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1450 NORTHEAST 191 STREET 1450 NORTHEAST 191 STREET

SUITE 203 SUITE 203

NORTH MIAMI, FL 33179 NORTH MIAMI, FL 33179

Current Mailing Address: New Mailing Address:

1450 NORTHEAST 191 STREET 8394 SW 40 ST

SUITE 203 MIAMI, FL 33155 US NORTH MIAMI, FL 33179

FEI Number: 65-0906247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, MANUEL A DIAZ, MANUEL A 8394 SW 40 ST 1450 NE 191 ST US

STE 203 MIAMI, FL 33155 NORTH MIAMI, FL 33179 US

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: 04/04/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SANCHEZ, NOHORA M HIGUERA, MARTHA C Name: Name: 1450 NORTHEAST 191 STREET Address: 8394 SW 40 STREET Address: City-St-Zip: NORTH MIAMI, FL 33179 City-St-Zip: MIAMI, FL 33155 US

() Delete Title: VD Title: VD (X) Change () Addition

Name: DIAZ, MANUEL A Name: DIAZ, MANUEL A 1450 NORTHEAST 191 STREET 8394 SW 40 STREET Address: Address: NORTH MIAMI, FL 33179 MIAMI, FL 33155 US City-St-Zip: City-St-Zip:

Title: Title: STD (X) Delete () Change () Addition

HIGUERA, MARTHA C Name: Name: 1450 NORTHEAST 191 STREET Address: Address: City-St-Zip: NORTH MIAMI, FL 33179 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL A. DIAZ VD 04/04/2002