## 2003 FOR PROFIT CORPORATION

## FILED Feb 07, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P99000044896 DOCUMENT # 1. Entity Name 02-07-2003 90108 010 \*\*\*158.75 PARADOX COMMUNICATIONS, INC. Principal Place of Business Mailing Address 990 ISLAND CLUB PLACE 90020190 990 ISLAND CLUB PLACE VERO BEACH FL 32963 VERO BEACH FL 32963 Sland Club P Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0919380 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent RAPPEL, ROBERT 5070 HIGHWAY A1A NORTH SUITE 221 VERO BEACH FL 32983-1216 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 JAMES ATWOOD TAYUR, TIL SIGNATURE Signature, typed or printed name of registered a gent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/02) ☐ Delete TITLE ☐ Addition ☐ Change FRANK, PHILLIP M NAME 990 ISLAND CLUB PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP TITLE Vice President ☐ Delete ☐ Change ☐ Addition FRANK, JOHN 39 Comerin Skeet Foothill Frach, CA 92610 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Treasurer TITLE ☐ Delete TITLE Change Addition FRANK, JOHN NAME NAME STREET ADDRESS 39 Comerin Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Foothill Rmul, CA 92610 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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-7IP CITY-ST-ZIP

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 supplies intal 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 receive of 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

SIGNATURE: