

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000053678

FILED
Jun 17, 2002 8:00 AM
Secretary of State

Entity Name: CROSS-CONNECT COMMUNICATIONS, INC.

Current Principal Place of Business:

1830 HYPOLUXO RD STE B-102
LANTANA, FL 33462

New Principal Place of Business:

1810 HYPOLUXO RD STE D-6
LANTANA, FL 33462

Current Mailing Address:

C/O LERRO
2600 N MILITARY TRAIL SUITE 230
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0926583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, LISA
1830 HYPOLUXO RD STE B-102
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

THOMPSON, LISA
1810 HYPOLUXO RD STE D-6
LANTANA, FL 33462 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: _____

Electronic Signature of Registered Agent

06/17/2002

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:

Title: VPSD () Delete
Name: THOMPSON, LISA
Address: 1830 HYPOLUXO RD STE B-102
City-St-Zip: LANTANA, FL 33462

Title: PTD (X) Delete
Name: THOMPSON, BENJAMIN
Address: 1830 HYPOLUXO RD STE B-102
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: THOMPSON, LISA
Address: 1810 HYPOLUXO RD STE D-6
City-St-Zip: LANTANA, FL 33462

Title: () Change () Addition
Name: _____
Address: _____
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: LISA M. THOMPSON

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06/17/2002

Electronic Signature of Signing Officer or Director

Date