2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058916 May 09, 2000 8:00 am Secretary of State ACCENT ON COMMUNICATION, INC. 05-09-2000 90061 023 ***150.00 Principal Place of Business Mailing Address 2011 81 ST ST. NW 2011 81ST ST. NW BRADENTON FL 34209-9565 BRADENTON FL 34209 moved to: 3. Mailing Address 9707 2. Principal Place of Business 9707 28" Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Parrish 4. FEI Number Applied For City & State City-& State Arnsh 221-32-1673 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 34219 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BISSELL, PATRICIA** Street Address (P.O. Box Number is Not Acceptable) 2017 8157 31. NW BRADENTON-FL-34209 see above 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE BISSELL, PATRICIA NAME NAME 9707 2011-81ST-ST-NW STREET ADDRESS STREET ADDRESS BRADENTON FL 34209 PARASE, FL 34219 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE HORNER, BRANDIE NAME STREET ADDRESS STREET ADDRESS 4005 19TH AVE. WEST CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP **⊠** Delete TITLE ☐ Change TITLE NAME TURBIN, KAREN NAME STREET ADDRESS STREET ADDRESS 10915 BRISTOL BAY, APT, 308 CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34209** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Satura a Burly JIRED

4/25/00

(941)776-0421

Daytime Phone #