2008 FOR PROFIT CORPORATION

Jan 31, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P99000065099 UNITED MARINE COMMUNICATIONS OF FLORIDA, INC. Principal Place of Business Mailing Address 1241 W. NEWPORT CENTER DRIVE 1241 W. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 No Chg-P CR2E034 (11/05) 01152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0941549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRANDE, JOAN M DO NOT WRITE 1241 W. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Unnonnsn9898 OFFICERS AND DIRECTORS 10. TITLE NAME GRANDE, JOAN M 1241 W. NEWPORT CENTER DRIVE STREET ADDRESS DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

01-24-08

954 - 429 - 1110

FILED