

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90153 026 ***150.00

DOCUMENT # P99000066451

1. Entity Name
ADVANCED GLOBAL COMMUNICATIONS, INC.

Principal Place of Business 307 E 41 ST. NEW YORK NY 10022	Mailing Address X 307 E 41 ST. NEW YORK NY 10022-6702
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2. Principal Place of Business 19200 Von Karman Ave.	3. Mailing Address c/o James R. Rennie
Suite, Apt. #, etc. Suite 500 Office #32	Suite, Apt. #, etc. 9488 N.W. 39 St.

City & State Irvine, CA	City & State Sunrise, FL	4. FEI Number 58-2486173	Applied For <input type="checkbox"/> Not Applicable
Zip 92604	Country USA	Zip 33351	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JONATHAN J. LICHTMAN, P.A. 4800 N. FEDERAL HWY., SUITE D-100 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, ROGER 2222 MICKELSON DR., SUITE 477 IRVINE CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D May, Roger 19200 Von Karman Ave., Ste. 500, Office 32 Irvine, CA 92604 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENNIE, JAMES R 2222 MICKELSON DR., SUITE 477 IRVINE CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rennie, James R. 9488 N.W. 39 St. Sunrise, FL 33351 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James R. Rennie* **SIGNATURE REQUIRED** James R. Rennie **Director** **APRIL 25, 2000** **954-742-0205**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)