

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90224 020 ***150.00

DOCUMENT # P99000066451

1. Entity Name
ADVANCED GLOBAL COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
19200 VON KARMAN AVE SUITE 500 **19200 VON KARMAN AVE SUITE 500**
IRVINE CA 92604 **IRVINE CA 92604**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
880 Apollo Street **880 Apollo Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 **Suite 200**
 City & State City & State
EL SEBUNDO, CA **EL SEBUNDO, CA**

Zip Country Zip Country
90245 **USA** **90245** **USA**

4. FEI Number Applied For
58-2486173 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **JONATHAN J. LICHTMAN, P.A.**
 Street Address (P.O. Box Numbers Not Acceptable)
120 Palmetto Park Road
Suite 100
 City **Boca Raton** FL Zip Code **33432**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAY, ROGER 19200 VON KARMAN AVE STE 500 IRVINE CA 92604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DANSON, WAYNE 420 LEXINGTON AVE, STE 2739 NEW YORK NY 10170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 authority like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Date **4/29/02** Daytime Phone # **646-227-1620**

CR2E034 (9/01)