FILED May 17, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P99000074874 05-17-2001 91339 031 ***150.00 Communications Corporation Mailing Address Principal Place of Business 2. Principal Place of Business 1640 Micanop D0054171 DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 5-0951135 Mami llami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 SIGNATURE (NOTE: Registered Agent algneture required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOWH FEE IS \$ 150 007 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ake Check Payable to Department of Sta (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) Delete mr⊧ Valdez frank B30 Biscayne Blvd 7 FL. aldez, Frank NAME NAME STREET ADORESS STREET ADDRESS 33132 CITY-ST-ZIP CITY-ST-ZIP Mlami. ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete MILE TIRE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADVORESS CATY-ST-ZUP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-71P 13. I hereby certify that the information supplied with this filling 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 nt with an address, with all other like empowered. changed, or on an attachy

Dayteres Phases

SIGNATURE: