2000 UNIFORM BUSINESS REPORT, (UBR)

DOCUMENT # P99000075962 1. Entity Name KINGS COMMUNICATIONS, INC.					FILED May 08, 2000 8:00 am Secretary of State 03-29-2000 90037 031 ***150.00						
Principal Place	of Business				03-2	9-2000	90037 (31 ***15	50.00		
6409 MEADOW FIELD CIRCLE PENSACOLA FL 32526		6409 MEADOW FIELD CIRCLE PENSACOLA FL 32526-4143									
						18113 2821 DI		/ 18 11/1 186 2/	DIV il (8)18 8 1116		
2. Principal Pla GBI 4 Suite, Apt. #	RESEC ROAD	3. Mailing Address 9.K/Y 12EBEL Suite, Apt. #, etc.	120AD			(BINE IENI EI	III) DEUL DE	IN THIS SP	A1658 1846 B1464		
PENSY	a coun , FL	City & State PENSA COCK	g FC	4. FE	Number	359	57	69		olied For Applicable	
3252	Country	32526	Country	5. Ce	ertificate of	Status De	sired		8.75 Addi		
	6. Name and Address of Current		~M	7. Na	me and A	ddress of	New Rec	istered Aç	ent		
REYES, ROGER D REYES, ROGER D 9814 Rebel Road Street Address 6409 MEADOW FIELD CIRCLE Penencola, FL 32526						4 Riebel	Rock				
6409 MEADOW FIELD CIRCLE Pensacola, FL 32526 PENSACOLA FL 32526				Pensacola, FL 32526							
			City					FL	Zip Code		
8. The above	named entity submits this statement fo	or the purpose of changing its reg	gistered office or regi	istered ager	nt, or both,	in the Sta	te of Flori	da/	/		
SIGNATURE _	Signature, typed or ported name of registered agent	and title if applicable. (NOTE Re	egistered Agent signature rec	quired when rein	istating)		_3/	10/C	<u>v</u>	\	
,	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable				tion Camp Fund Cor	•	noing		O May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADD	DITIONS/C	HANGES	TO OFFIC		DIRECTORS		
TITLE NAME	D REYES, ROGER D	☐ Delete	TITLE NAME						☐ Change	Addition S	
STREET ADDRESS		SEE NEW	STREET ADDRESS							8	
CITY-57-ZIP	PENSACULA PL 32326	e Reves	CITY-ST-ZIP						Change	Addition C	
NAME STREET ADDRESS CITY-ST-ZIP	9814 Rebel R Pensacola, FL	••••	NAME STREET ADDRESS CITY-ST-ZIP						—		
TITLE NAME		Delete	TITLE	5790					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP								
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		·	NAME STREET ADDRESS CITY-ST-ZIP					,			
TITLE		☐ Delete	TITLE NAME				- -		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP								
TITLE NAME		☐ Delete	TITLE NAME						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						<u> </u>		
indicated of the cor	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee emply, or on an attachment with an address	is true and accurate and that my powered to execute this report as	r signature shall have	the same k	egal effect	as if made	e under o	ath: that I a	m an officer	ar director 1	
SIGNAT	TURE:SIGNATURE (ND TYPED OF	PRINTED NAME OF SIGNING OFFICER OF			31	1400)	870.	-941-9 aytime Phone #	13/6	