## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	HIFORM BUSINI	ESS REPOR	T (UBF	<b>?</b> )	red 20, 2003 a	5:UU am	
DOCUMENT # P9900077771					Secretary of State 02-20-2003 90112 007 ***150.00		
	T COMMUNICATIONS, INC.				02-20-2003 90112 007	130.00	
7 <del>814 NW 68TH TERRAGE</del> 7614 TAMARAG FL-33321 TAM/		Mailing Address 7614 NW 68TH TERRACE TAMARAC FL 33321	614 NW 68TH TERRACE-			 	
2. Principal 3 1 8 Suite Apr	3. Mailing Address Suite, Apt. #, etc.	442					
- City & Sta	City & State			☐ CHECK HERE IF MAKING CH			
Delvay Beach, FL Zip			T court		4. FEI Number 91-2001049	Applied For Not Applicable	
3349	CO IIISA	·	Country		Fee	. <b>75</b> Additional Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Ager	ıt	
GPULO	IUDITH D	<del></del>	Name				
GRILLO, JUDITH D 7 <del>614 NW 66TH TERRACE</del>			Street	Street Address (P.O. Box Number is Not Acceptable)			
TAMARAC FL-93321				18 t	Floorida Blud #-	10/	
			City	Nol	ray Reach FL	Zip Code 1 0 2	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office of	or registere	ed agent or both, in the State of Florida. I am famili	ar with, and accept	
SIGNATURE	Signatus typed or printed name of registered agent a	Jullo	TWO I	TH "	D. GRILLO 2-	17-03	
After Make Check				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND [	DIRECTORS	11,		ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 11	
TITLE NAME	MS. Grillo, Judith D	☐ Delete	TITLE NAME			Change	
STREET ADDRESS CITY-ST-ZIP	TAMARAC FL 33321	ee # 7	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change Addition	
CITY-ST-ZIP			CITY-ST-ZIP				
NAME .		□ Delete	TITLE NAME			Change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS C(TY-ST-ZIP		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	-117		change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS	.,	□ C	hange 🔲 Addition	
TITLE		☐ Delete	CITY-ST-ZIP TITLE	<del></del>		hange	

12. 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 poceiver 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 attagment with an address, with all other like approvered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

BUILLETUFAL RECTUES OF DIRECTOR DIRECTOR

Date J Dayling ports.