

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 30 PM 2:43

**DOCUMENT # P99000078971**

1. Entity Name  
**B KIRBY COMMUNICATIONS, INC.**

Principal Place of Business: 5532 SCARAMUICHE LANE, ORLANDO FL 32821  
Mailing Address: 5532 SCARAMUICHE LANE, ORLANDO FL 32821

2. Principal Place of Business / 3. Mailing Address (Same as above)

4. FEI Number: **59-5596246** Added For:  Not Applicable

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

6. Name and Address of Current Registered Agent: **KIRBY, BOB, 289 CHICAGO WOODS CIRCLE, ORLANDO FL 32824**

7. Name and Address of New Registered Agent: (Blank)

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. I am familiar with, and except the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **9-9-03**



CHECK HERE IF MAKING CHANGES

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>P</b> NAME: <b>KIRBY, BOB</b> STREET ADDRESS: <b>5532 SCARAMUICHE LANE</b> CITY-ST-ZIP: <b>ORLANDO FL</b>	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <b>300023417223</b> <b>09/30/03--01021--003 **\$50.00</b>	<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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 189.07(3)(a), 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 10 or Block 11 & changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **9-9-03**

CR-6634 (4/02)