

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000086240**

1. Entity Name

MG COMMUNICATIONS, INC.

Principal Place of Business

**2100 9TH STREET NORTH
ST PETERSBURG FL 33704**

Mailing Address

**2100 9TH STREET NORTH
ST PETERSBURG FL 33704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3600409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ESPOSITO, JOANNA L
2100 9TH STREET NORTH
ST PETERSBURG FL 33704**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	ESPOSITO, JOANNA L	2100 9TH STREET NORTH	ST PETERSBURG FL 33704				
VP	DAVIS, SHARON A	2100 9TH STREET NORTH	ST PETERSBURG FL 33704				
P	ESPOSITO, BETH	2100 9TH STREET NORTH	ST PETERSBURG FL 33704				
T	DAVIS, SHARONA	2100 9TH STREET NORTH	ST PETERSBURG FL 33704				

CR2E034 (10/00)

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90007 005 ***150.00



DO NOT WRITE IN THIS SPACE

Sharon A. Davis Sharon A. Davis, V.P. 4/19/01 727-821-1234