2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE: (

P99000101137

1. Entity Name

CNE COMMUNICATIONS, INC.



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90026 045 ***150.00

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Principal Plac 3733 NW 16TH SUITE C LAUDERHILL F	H CT FL 33311	3733 Suite Laud	Mailing Address 3733 NW 16TH CT SUITE C LAUDERHILL FL 33311									
2. Principal Place of Business			3. Mai	3. Mailing Address				L 1981/931 118 191/8 391/F \$8/H 98/H 88/H	1 #1 # # # # 11 # 1	1\$## Live ### 18#		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	FEI Number 65-0958798		Applied For Not Applicable		
Zip	Zip Country Zip				Cour	ntry	5.	Certificate of Status Desired		B.75 Additional e Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
REID, LAR	DV M					Name						
-	DCEAN BLV	TD.		Street Address (P.O			dress (P.O.	O. Box Number is Not Acceptable)				
STE 103	JOE/11 DE1			• *								
STUART FL 34996						City			FL Zip (Code		
	named entity ions of regist		or the purp	ose of changing its	register	ed office or r	egistered a	gent, or both, in the State of Florida.	I am familiar w	ith, and accept		
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	ed Agent signature	required when	reinstating) C	ATE			
After Make Check	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o						9. Election Campaign Financin Trust Fund Contribution.	☐ Ác	5.00 May Be dded to Fees		
10.	DCD	OFFICERS AND	DIRECTO				A	DDITIONS/CHANGES TO OFFICERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REID, LARRY M 3733 NW 16TH CT STE C LAUDERHILL FL 33311		☐ Delete						☐ Chan	ge 🗀 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					☐ Chan	ge Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete - ·	NAM STRE	E		·	☐ Chan	ge		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY	ET ADDRESS - ST-ZIP			☐ Chan			
12. I hereby of indicated of the corp changed,	certify that the on this répor poration or th or on an atta	e information supplied with t or suppliemental report is the receiver or trustee empi tich fient with an audress,	rthis filing s true and owered to with all of	does not qualify for accurate and that m execute this report a or like empowered.	the exe ly signa as requi	mption stated ture shall have red by Chapt	d in Section ve the same ter 607, Flor	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; it ida Statutes; and that my name appe	er certify that the nat I am an offi ears in Block 1	ne information cer or director 0 or Block 11 if		