

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000106551
 1. Entity Name
CUSTOM COMMUNICATIONS TECHNOLOGY, INC.

FILED
 00 JUL 13 AM 9:28
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
 1814 N.E. 17TH STREET 1814 N.E. 17TH STREET
 OCALA FL 34470 OCALA FL 34470



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
 5/18/00 90289 036 \$150.00
 4. FEI Number Applied For
 65-0968370 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURPHY, PATRICK G
1814 N.E. 17TH STREET
OCALA FL 34470

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete President Patrick G. Murphy 1814 NE 17th St. Ocala, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patrick G. Murphy* Date: 7/9/00 (352) 732-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/00)

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P.O. Box 1419
Ocala, FL 34478-1419
(352) 732-9000

Custom Communications Technology, Inc.

July 9, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

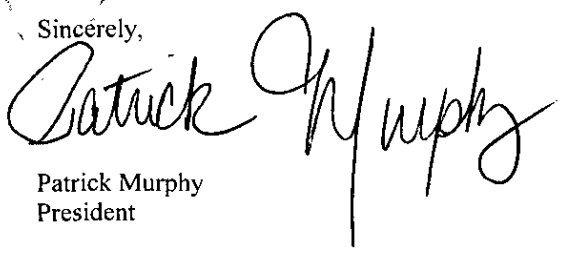
Dear Sir or Madam:

I am writing in reference to a second notice for a Uniform Business Report. The first UBR was filed on April 28, 2000, and included a check for \$150.00, which was cashed. I received the second notice on July 6, 2000. On July 7, I called the Department of State to see why there was a problem.

After I explained that my UBR was filed, I was told that a letter was sent to me on May 30, 2000. The letter was to request a physical address for the registered agent. I never received this letter. The second notice was sent to the physical address and contains the physical address of the registered agent. As instructed, I have completed and returned the second notice with this letter. I wish to respectfully request the penalties be waived in this matter as you have my complete cooperation.

Please contact me at the above address if any further information is required. Thank you in advance for your assistance.

Sincerely,



Patrick Murphy
President