2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # P99000106551, 1. Entity Name CUSTOM COMMUNICATIONS TECHNOLOGY, INC.								FII	LED	,		·
Principal Plac 1814 N.E. 177 OCALA FL 344			Mailing Address 1814 N.E. 17TH STREET OCALA FL 34470			,	0 - بازی بر ۲۲ - ۲۸ ۱۳ - بازی بر	O JUL I SECRETAL LL'AHAS	RY OES	9: 28 TATE ORIDA		
2. Principal P	lace of Business		3. Mailing Address P. O. DOV 1419									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5/18/00 90089 036 4/50.00)
City & State			City & State Cala, FL			4. FEI Number 0968370 Applied For Not Applicable						- - -
Zip	Country				5. Certificate of Status Desired Fee Requ					\$8.75 Add Fee Require		
	-	Address of Current Re	7. Name and Address of New Registered Agent Name									
MURPHY, PATRICK G 1814 N.E. 17TH STREET					Street Address (P.O. Box Number is Not Acceptable)							
OC.	ALA FL 34470				City				FL	Zip Code	9	1
8. The above	named entity sub	mits this statement for th	ne purpose of changing its re	gistere	ed office or register	red age	ent, or both, in t	ne State of Flo	rida.			1
SIGNATURE ,	Signature, typed or print	ed name of registered agent and	title it applicable (NOTE: R	egistere	d Agent signature required	d when rei	instating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! F After SEPTEMBER 13, 20 Make Check Payable to					Min. will be \$75			Campaign Fin d Contribution			O May Be to Fees	-
11.		OFFICERS AND DI	· · · · · · · · · · · · · · · · · · ·	12.		AD	DITIONS/CHAP	IGES TO OFF	ICERS AND			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patrick 1814NE 17	a. Murphy wh St.	☐ Delete							☐ Change	Addition	R2E034 (5/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	در سعر	<u> </u>	☐ Delete							Change	☐ Addition	5
TITLE NAME STREET ADDRESS			Delete · · ·	TITLE NAMI STRE			-= 0			☐ Change	Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE	:	•				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE	:					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE						Change	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 rike empowered. SIGNATURE: 19												

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