FILED
Sep 16, 2002 8:00 am
Secretary of State
09-16-2002 90159 031 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106984

678070

1. Entity Name
OCIUS COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
435 DOUGLAS	SAME	
Suite, Apt. #, etc. 2105	Suite, Apt. #, etc.	
City & State ALTAMONTE SPRINGS	City & State	4. FEI Number 59-3612042 ☐ Applied For ☐ Not Applicable
Zip 32714 Country USA	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TED MAHONEY

Street Address (P.O. Box Number is Not Acceptable): 435 DOUGLAS AVE. #2105

City: ALT. SPGS. FL Zip Code: 32714

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: T. Mahoney T. MAHONEY 9/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR: $106.25
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	CHIEF EXECUTIVE OFFICER
NAME	HOWARD VOLPERT
STREET ADDRESS	207 HERMITS TRAIL
CITY-ST-ZIP	ALT. SPGS. FL. 32701
TITLE	PRESIDENT
NAME	TED MAHONEY
STREET ADDRESS	105 STONEBRIDGE DR.
CITY-ST-ZIP	LONGWOOD FL. 32779
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: T. Mahoney T. MAHONEY PRESIDENT 9/5/2002 407-772-2100
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING OFFICER OR DIRECTOR Date Daytime Phone #