## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other tike empowered.

SIGNATURE AND YPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

## FILED **DOCUMENT # \$59773** Feb 22, 2000 8:00 am Secretary of State 1. Entity Name F.A.T.T.E. COMMUNICATIONS, INC. 2-22-2000 90061 016 \*\*\*150.00 Principal Place of Business Mailing Address 3342 ATHENA DR 3342 ATHENA DR WINTER PARK FL 32792-2009 WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business 35 Chieftain De Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3065997 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired SA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, BRIAN P. Street Address (P.O. Box Number is Not Acceptable) 3342 ATHENA DR WINTER PARK FL 32792 City 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 FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE TITLE Delete DAVIS, BRIAN P. NAME NAME 3342 ATHENA DR STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

BRIAN P. IDAUIS 2-14-2000