

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90030 001 ***150.00

DOCUMENT # V33007

1. Entity Name
CCI SPECTRUM, INC

DO NOT WRITE IN THIS SPACE

427650

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6525 GREENLAND ROAD Suite, Apt. #, etc.		3. Mailing Address P O BOX 24354 Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL	4. FEI Number 59-3129740	Applied For <input type="checkbox"/> Not Applicable
Zip 32258	Country DUVAL	Zip 32241	Country DUVAL
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAMES M. HUME
Street Address (P.O. Box Number is Not Acceptable) 6525 GREENLAND ROAD
City JACKSONVILLE
FL Zip Code 32258

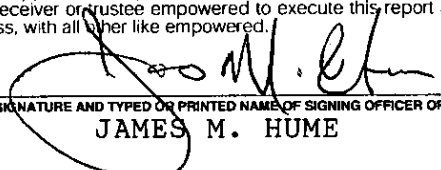
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS HUME, JAMES M. 6525 GREENLAND RD JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THIGPEN, GILBERT 6525 GREENLAND ROAD JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DALEY, BARNWELL 6525 GREENLAND RD JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
JAMES M. HUME

3-6-02

Daytime Phone #