

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V30039

**Entity Name:** MAX COMMUNICATIONS, INC.

**Current Principal Place of Business:**

13014 N DALE MABRY HWY  
326  
TAMPA, FL 33618-2808

**Current Mailing Address:**

13014 N DALE MABRY HWY  
326  
TAMPA, FL 33618-2808 US

**FEI Number:** 59-3119752

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAINTON, YVONNE MPRES  
13014 N DALE MABRY HWY  
326  
TAMPA, FL 33618-2808 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PAINTON, YVONNE MP  
Address 13014 N DALE MABRY HWY  
326  
City-State-Zip: TAMPA FL 33618-2808

Title VP  
Name PAINTON, SCOTT MVP  
Address 13014 N DALE MABRY HWY  
326  
City-State-Zip: TAMPA FL 33618-2808

Title S  
Name BODIE, MATTHEW D  
Address 13014 N DALE MABRY HWY  
326  
City-State-Zip: TAMPA FL 33618-2808

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** YVONNE M PAINTON

**PRESIDENT**

**02/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date