

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2003 8:00 am**  
**Secretary of State**

06-10-2003 90035 032 \*\*\*558.75

**DOCUMENT # P94000076468**



1. Entity Name  
**G 3 COMMUNICATIONS, INC.**

Principal Place of Business  
**575 STANLEY BLVD  
BIRMINGHAM, MI 48009 US**

Mailing Address  
**575 STANLEY BLVD  
BIRMINGHAM, MI 48009 US**

2. Principal Place of Business  
**14535 STONEGATE CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**14535 STONEGATE CT.**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**CARMEL, IN**  
Zip  
**46032**  
Country  
**USA**

City & State  
**CARMEL, IN**  
Zip  
**46032**  
Country  
**USA**

4. FEI Number  
**65-0527451**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUERRIERI, DANIEL ESQ.  
6302 SW 41ST STREET  
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
AND MAY 15, 2003 FEE WILL BE \$650.00  
Make Check Payable To Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	MAYER, TIMOTHY A	575 STANLEY BLVD	BIRMINGHAM, MI 48009	<input type="checkbox"/>
V	MAYER, PATRICIA H	575 STANLEY BLVD	BIRMINGHAM, MI 48009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		14535 STONEGATE CT.	CARMEL IN 46032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		14535 STONE GATE CT	CARMEL IN 46032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CFR2034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Timothy A. Mayer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TIMOTHY A. MAYER**  
PRESIDENT

**5 JUN 03** **305-574-8090**  
Date Daytime Phone #