2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

FILED DOCUMENT # **P96000004120** Apr 24, 2000 8:00 am Secretary of State KENT COMMUNICATIONS, INC. 04-24-2000 90102 031 ***150.00 Mailing Address Principal Place of Business 214 SHOREWOOD WAY 6671 W INDIANTOWN RD JUPITER FL 33458 56-132 JUPITER FL 33458-3972 US 3. Mailing Address 2. Principal Place of Business 6671 W. INDIANSOWN RO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 9V19£ 56,132 Applied For City & State 4. FE! Number 65-0656035 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOBSON, PAUL Street Address (P.O. Box Number is Not Acceptable) 214 SHOREWOOD WAY JUPITER FL 33458 8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. . Delete TITLE TITLE HOBSON, PAUL NAME NAME 7913, SE PERPÉRCAN CA HOBÉ SOUND, FL. 33455 214 SHOREWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIE ☐ Addition ☐ Delete TITLE TITLE HOBSON, BARBARA 7913, SE PERPERCORN (? NAME STREET ADDRESS 214 SHOREWOOD WAY STREET ADDRESS HOBE SOUND - 62.33455 CITY-ST-ZIP JUPITER FL 33458 CITY-ST-7IF ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.