## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P99000015579  1. Entity Name  K AND A COMMUNICATIONS, INC.						Secretary of State 05-13-2002 90147 003 ***150.00		
DO NOT WRITE IN THIS SPACE								
•	Place of Business 20th Avenue Drive West	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State Braden	e nton, FL 34205	City & State				FEI Number 5-0903707		Applied For Not Applicable
Zip Country 34205		Zip Country		ry		Certificate of Status Desired		8.75 Additional
					7. Na	ame and Address of Current F	Registered A	gent
Name					Cent-Nottingham-			
DO NOT WRITE IN THIS SPACE				Street A	Address (P.O. Box Number is Not Acceptable) 3403 20th Avenue Drive West			
	IN THIS SEA	ACE		,				
				City B	radento	n	FL	<sup>Zip G</sup> 94205
8. The above	named entity submits this statement for	the purpose of changing its	registere				da.	
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  After Ma  Amend			E: Registered Agent signature required lay 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25		.00	10. Election Campaign Fina. Trust Fund Contribution.	DATE DATE	\$5.00 May Be Added to Fees
11,	OFFICERS AND D	Make Check Payabl	e to De	partment	of State			
NAME STREET ADDRESS CITY-ST-ZIP	P, S, T Kent Nottingham 3403 20th Avenue Dri Bradenton, Florida	ve West	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS DITY-ST-ZIP		·	TITLE NAME STREET	r address St-zip				
ITLE IAME			TITLE - NAME.					
TREET ADDRESS				ADDRESS IT-ZIP		DO NOT V	<b>VRIT</b>	E
ITLE AME	·				IN THIS SPACE			
TREET ADDRESS ITY-ST-ZIP			STREET City-s	ADDRESS T-ZIP		,	ii.	
TLE AME TREET ADDRESS ITY-ST-ZIP			TIFLE NAME STREET CITY-S	ADDRESS T-ZIP	ţ			
TLE AME TREET ADDRESS ITY-ST-ZIP	wife, that the information woulded with the		THTLE NAME STREET CHY-S	ADDRESS T-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: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

941 744-1405

Daytime Phone #