

2001 UNIFORM BUSINESS REPORT (UBR)

U1300000 AI

DOCUMENT # P00000105087

1. Entity Name
COMMSOLVE CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -6 AM 9:59
Vol 11/28

Principal Place of Business: **626 HAMPTON DRIVE VENICE CA 90291**

Mailing Address: **626 HAMPTON DRIVE VENICE CA 90291**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **18854 HATTERAS ST. # 14 TARZANA - CA. 91356 USA**

3. Mailing Address: **18854 HATTERAS ST. # 14 TARZANA - CA. 91356 USA**

4. FEI Number: Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**GIBSON, ROBERT BRUCE JR
16141 SW 87TH CT
MIAMI FL 33157**

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.

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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	NAME: GIBSON, JAMES W
STREET ADDRESS: 4107 MCLAUGHLIN AVE #10	CITY-ST-ZIP: LOS ANGELES CA 90066
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

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*****750.00 ***750.00**

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

SIGNATURE: _____ SIGNATURE REQUIRED

Date: **10/20/2001** Daytime Phone #: **310.614.9792**

CR2E034 (5/01)