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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003762

1. Corporation Name

PHILSE COMMUNICATIONS INC

, TOLSE C	OIAIIAIOIAIOATTOIAO, 1140.									
Principal Place of Business		Mailing Address .				L IMBLIDA LILA ALLI ALLI ALLI ALLI ALLI ALLI	. 48111 88111 8	pr## 11311 1 00 1	18 41719 17ET 18E1	
1600 BOSTON-PROVIDENCE HIGHWAY		1600 BOSTON-PROVIDENCE HIGHWAY								
SUITE 101		SUITE 101			DO NOT WRITE IN THIS SPACE					
WALPOLE MA 02081		WALPOLE MA 02081			DO NOT WRITE IN THIS SPACE				1	
						3. Date Incorporated or Qualifed				
						07/24/1996 4. FEI Number			applied For	ł
2. Principal Place of Business		2a. Mailing Address				=			lot Applicable	1
21		Suite Ant # etc			04-3311126			Additional	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\mathbf{V}	T	Required		
22		27 Gity & State				6. Election Campaign Financing		\$5.00	May Be	<u>-</u>
City-& State		⊢ ′				Trust Fund Contribution			to Fees	
23 Zip	Country	28	Co	ountry		8. This corporation owes the curre	nt vear Inta			1
	25 Z5	29	30	ou,		Personal Property Tax.	,	Yes	□No	
24]	9. Name and Address of Curren		[30]	1		10. Name and Address of New Ro	egistered A	Agent]
·	3. Name and Address of Curren	it registeres rigeni		81	Name		,]
BAN	SCHBACH, MICHAEL									┨
	NW 18TH PLACE			82	Street Add	dress (P.O. Box Number is Not Acceptal	oie)			
COR	AL SPRINGS FL 33071			83						1
									<u></u>	1
				84	City		FL	85 Zip	Code	İ
								changing it	te registered	
	to the assurations of Sections 607.050	2 and 607 1508 Florida St	atutes the	ahove-	named con	noration submits this statement for the t	JUIDOSE OI (ra iediareien	1
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change wa	as autnonzi	ea ov u	named corporat	poration submits this statement for the p iion's board of directors. I hereby accept	t the appoin	itment as i	registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change wa	as autnonzi	ea ov u	named corporation	poration submits this statement for the p ion's board of directors. I hereby accept	the appoin	tment as	registered	
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

