FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032496 (7)

IDLE COMMUNICATIONS, INC.

FILED
Feb 02 1998 8:00am
Secretary of State



-						
Principal Place of Business Mailing Address						88688 14118 14811 8 1818 18118 8114 1881
9621 - 113TH 103 SEMINOLE FI US	1 STREET NORTH L 33772-2302	103	9821 - 113TH STREET NORTH 103 SEMINOLE FL 33772-2302		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a, Mailing Address			04/10/1996	
2. Principal Place of Business		⊢ η , , , , , , , , , , , , , , , , , , ,		4, FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3378283	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Added to Fees	
Zip	Zip Country Zip		Countr	Country 8. This corporation owes or has paid the o		the current year Intangible
24	25 29 30		30	Personal Properly Tax due June 30. 🔲 Yes 🔀 No		
	g. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regis	stered Agent
ROY, JONATHAN				Name		
	21 - 113TH STREET NORTH		82	Street Add	ress (P.O. Box Number is Not Acceptable))
SEMINOLE FL 33772			83			
			"			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508. Florida Statu	ites, the abov	e-named cord	poration submits this statement for the pur	pose of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized b	y the corporat	tion's board of directors. I hereby accept t	he appointment as registered
SIGNATURE	1.40	Jonathan Ru	_	Sees when	<i>t</i> 1	~7.98
	Signature, typed or plink thronte of registered ag	ont and to elif applicable (NO	Registered Ap	ent signature requir	ed when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	D	☐ DELET E	11 TOLE			☐ Change ☐ Addition
NAME	SCHWARTZ, RANDAL		1.2 NAME			
STREET ADDRESS	4470 SW HALL SUITE 107			F ADDRESS		
CITY-ST-ZIP	BEAVERTON OR 22	DELÉTE	1.4 CITY-1	ST - ZIP		Change Addition
TITLE NAME	D Roy, Jonathan	L' DECENE	2.1 TITLE 2.2 NAME			Change Audition
STREET ADDRESS	AAA 44ATA AT 15 HAAA			r address		
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-	·		
TITLE	OLIMITOCE 1 L	DELETE 3.		31 - Zir		Change Addition
NAME	_		3.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			3 4. CITY -	ST-ZIP		
TITLE	DELETE 4.1		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 5	ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEET			
CITY-ST-ZIP		DELETÉ	5.4 CITY - S	ST - ZIP		☐ Change ☐ Addition
TITLE	i di		6.1 TITLE			Change Addition
NAME STREET ADORESS			6.2 NAME	ADDOLOG		
			6.3 STREET			
CITY-ST-ZIP			6.4 CITY - 9	or-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.

SIGNATI IDE

813-379-0472