

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90144 031 ***150.00

DOCUMENT # F98000002392

1. Corporation Name
FLASHNET COMMUNICATIONS, INC.



Principal Place of Business
1812 N. FOREST PARK BLVD.
FORT WORTH TX 76102

Mailing Address
1812 N. FOREST PARK BLVD.
FORT WORTH TX 76102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	04/27/1998	75-2614852	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Country	8. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURBURN, ALBERT L	1.2 NAME	
STREET ADDRESS	1812 N. FOREST PARK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	1.4 CITY-ST-ZIP	
TITLE	PS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESUE, M. SCOTT	2.2 NAME	
STREET ADDRESS	1812 N. FOREST PARK BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT. WORTH TX 76102	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELROD, GENE B	3.2 NAME	
STREET ADDRESS	1812 N. FOREST PARK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUEHLBERG, MARK	4.2 NAME	
STREET ADDRESS	1812 N. FOREST PARK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLER, RONNI	5.2 NAME	
STREET ADDRESS	1812 N. FOREST PARK BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLOMY, CHRIS	6.2 NAME	
STREET ADDRESS	1812 N. FOREST PARK BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

817-332-8883

Daytime Phone #

CR2E034 (11/98)