FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:09

DOCUMENT # 172920 (1)

1. Corporation Name
AUDIO COMMUNICATIONS NETWORK, INC.

Principal Place of Business	Mailing Address
1000 LEGION PLACE GATEWAY CENTER, SUITE 1515 ORLANDO FL 32801	1000 LEGION PLACE GATEWAY CENTER, SUITE 1515 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1953
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-0690530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHELL, A.J.
1000 LEGION PLACE
GATEWAT CENTER, SUITE 1515
ORLANDO FL 32792

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 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 of New Registered Agent, if Changing) DATE (Registered Agent Signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	D ☐ Change ☒ Addition
NAME	SCHELL, A.J.	12 NAME	Ben B. Moss
STREET ADDRESS	1000 LEGION PLACE, #1515	13 STREET ADDRESS	1000 Legion Place, #1515
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, Fl 32801
TITLE	DVS	21 TITLE	D ☐ Change ☒ Addition
NAME	KRUMMENACKER, DORIS K.	22 NAME	C. Lee Maynard
STREET ADDRESS	1000 LEGION PLACE, #1515	23 STREET ADDRESS	1000 Legion Place, #1515
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, Fl 32801
TITLE	V	31 TITLE	D ☐ Change ☒ Addition
NAME	FLEMMINGS, MARY	32 NAME	Patrick J. Dougherty
STREET ADDRESS	1000 LEGION PLACE, #1515	33 STREET ADDRESS	1000 Legion Place, #1515
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, Fl 32801
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WEBER, RALPH L.	42 NAME	
STREET ADDRESS	1000 LEGION PLACE, #1515	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TURNBULL, NAT M.	52 NAME	
STREET ADDRESS	1000 LEGION PLACE, #1515	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DYER, ROBERT	62 NAME	
STREET ADDRESS	1000 LEGION PLACE, #1515	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David K. Krummenacker 3/9/95 407-649-8877
DAVID K. KRUMMENACKER (Name and Title of Officer or Director) (Date) (Daytime Phone #)

0063803 CP