

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

**FILED**

**Apr 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 172920 (1)**

1. Corporation Name  
**AUDIO COMMUNICATIONS NETWORK, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1000 LEGION PLACE GATEWAY CENTER, SUITE 1515 ORLANDO FL 32801</b>	Mailing Address <b>1000 LEGION PLACE GATEWAY CENTER, SUITE 1515 ORLANDO FL 32801</b>
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3. Date Incorporated or Qualified <b>03/28/1953</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-0890530</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**SCHELL, A.J.  
1000 LEGION PLACE  
GATEWAY 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	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHELL, A.J.</b>	
STREET ADDRESS	<b>1000 LEGION PLACE, #1515</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DVS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRUMMENACKER, DORIS K.</b>	
STREET ADDRESS	<b>1000 LEGION PLACE, #1515</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLEMMINGS, MARY</b>	
STREET ADDRESS	<b>1000 LEGION PLACE, #1515</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEBER, RALPH L.</b>	
STREET ADDRESS	<b>1000 LEGION PLACE, #1515</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TURNBULL, NAT M.</b>	
STREET ADDRESS	<b>1000 LEGION PLACE, #1515</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DYER, ROBERT</b>	
STREET ADDRESS	<b>1000 LEGION PLACE, #1515</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chairman/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>A. J. Schell</b>	
1.3 STREET ADDRESS	<b>Same</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Doris K. Krummenacker</b>	
2.3 STREET ADDRESS	<b>Same</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>President Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Mitchell Kleinhandler</b>	
3.3 STREET ADDRESS	<b>1000 Legion Pl #1515</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>	
4.1 TITLE	<b>Exec. VP Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>David Unger</b>	
4.3 STREET ADDRESS	<b>Same as above</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>David Gezon</b>	
5.3 STREET ADDRESS	<b>Same as above</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>William Landman</b>	
6.3 STREET ADDRESS	<b>Same as above</b>	
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.

**Doris K. Krummenacker** 3/30/98 407-649-8877

CR2E034 (10/97)

Audio Communications Network, Inc.  
#172920 (1) #59-0690530

Additional Directors

C. Lee Maynard  
1000 Legion Pl #1515  
Orlando, Fl 32801

Patrick J. Dougherty  
Same as abocw

Robert Davidoff  
Same as above