


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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 854448 (8) 1. Corporation Name AI NETWORK CORPORATION					
Principal Place of Business P.O. BOX 2215 ALPHARETTA GA 30023 US			Mailing Address 70 PINE STREET ATTN E M TUCK NEW YORK NY 10270 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1982	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 13-3140147	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301				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					
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	SANDLER, ROBERT M				
STREET ADDRESS	70 PINE STREET				
CITY-ST-ZIP	NEW YORK NY				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	FLAHERTY, THOMAS				
STREET ADDRESS	P.O. BOX 2215 N/A				
CITY-ST-ZIP	ALPHARETTA GA				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	TUCK, ELIZABETH				
STREET ADDRESS	70 PINE STREET				
CITY-ST-ZIP	NEW YORK NY				
TITLE	VT	<input type="checkbox"/> DELETE			
NAME	MULCAHY, DAVID				
STREET ADDRESS	P.O. BOX 2215 N/A				
CITY-ST-ZIP	ALPHARETTA GA				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	ANDERSON, JOHN B				
STREET ADDRESS	11305 CEDAR HILL COURT				
CITY-ST-ZIP	RICHMOND VA				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SETTERS, GORDON				
STREET ADDRESS	P.O. BOX 2215 N/A				
CITY-ST-ZIP	ATLANTA GA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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.

CR2E034 (10/97)