## 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** 

F93000002266 (5) DOCUMENT #

TLDP COMMUNICATIONS, INC.

**FILED** Jan 27 1998 8:00am Secretary of State



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Principal Place of Business		Mailing Address				
200 Church Street Burlington VT 05402		POST OFFICE BOX 1049 200 CHURCH ST BURLINGTON VT 03401				
				DO NOT WRITE IN THIS S	DO MOT WRITE IN THE CRACE	
		US		3. Date Incorporated or Qualified	DI ACL	
				05/14/1993		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		31-1310693	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		G. Communic of Clares Bearing	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur		
24	25	29 6540/	30		Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
CT	CORPORATION SYSTEM		81 Name			
1200 S. PINE ISLAND ROAD			82 Street A	Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			Street A	Address (F.O. DOX MUITIDES IS INDITACOCHIGOIS)		
. 2			63			
			1	trading of the state of the sta		
			<b>B4</b> City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	s the above-named	corporation submits this statement for the purpose of	changing its registered	
n so epitto	egistered agent, or both, in the State m familier with, and accept the obliga	of Florida. Such change was au	ithorized by the corp	oration's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE				required when reinstalling) DATE		
10	Signature, typed or printed name of registered ago OFFICERS ANI		Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
12.	PC OFFICERS AIN	DELETE	1.1 TITLE	ADDITIONS/OFFACES TO OFFICE TO AND	☐ Change ☐ Addition	
	KNISBACHER, MITCHELL	C OLLEGE				
NAME	200 CHURCH STREET		1.2 NAME			
STREET ADDRESS	BURLINGTON VT 05402		1.3 STREET ADDRESS			
CITY-ST-ZIP	VPT 10010E	DELETE	1.4 CITY-ST-ZIP		Change Addition	
TITLE	** *	☐ pereit	2 1 THILE		C change C Rodillon	
NAME	KNISBACHER, MITCHELL		2.2 NAME			
STREET ADDRESS	200 CHURCH STREET		23 STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON VT 05402		2.4 CiTY-ST-ZIP			
TITLE	AS DESCRIPTION DAVID	☐ DELETE	3 1 TITLE		Change Addition	
NAME	GREENHAUS, DAVID		3.2 NAME			
STREET ADDRESS	200 CHURCH ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON VT		3.4. CITY - ST - ZIP			
TITLE	8	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition	
NAME	ODE, PAUL H JR.		4. 2 NAME			
STREET ADDRESS	199 MAIN STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON VT 05401		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		j	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		DELETE	61 71TLE		Change Addition	
NAME			6.2 NAME			
			63 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP			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.

1/14/98