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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **F94000001336 (6)**

UNIVERSAL NETWORK SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address 2 CORPORATE PLAZA DRIVE 4000 HOLLYWOOD BLVD STE 725S STE 200 HOLLYWOOD FL 33021 **NEWPORT BCH CA 92660-7929** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/1994 02/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 6384 N. POWERLINE RD. 59-3225158 26 Not Applicable Suite, Apt. #, etc. Suite. Aut. #. etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FT LAUDERDALE, FL Trust Fund Contribution 23 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WIENER, STEVE STEVE WIENER 4000 HOLLYWOOD BLVD. 82 **SUITE 725S** 83 HOLLYWOOD FL 33021 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 agent. I am farmiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNETIFY SIGNATURE Signature, typed or printed name of registered agent and tide it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE 11111 HOUSTON, DENNIS D NAME 1.2 NAME 2 CORPORATE PLAZA DRIVE STE 200 STREET ADDRESS 1.3 STREET ADDRESS **NEWPORT BEACH CA** 1.4 CITY-ST-ZIP CITY - \$1 - ZIP Addition TITLE DELETE 2.1 TITLE Change BROWNELL, JOHN NAME 2.2 NAME 2 CORPORATE PLAZA DRIVE STE 200 STREET ADDRESS 2.3 STREET ADDRESS NEWPORT BEACH CA CHY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY (\$1-70) 3.4. CITY+ST-ZIP Change DELETE Addition 4.1 TITLE HILE 4.2 NAME NAM€ 4.3 STREET ADDRESS STREET ADDRESS CHY-ST-7P 4.4 CITY-ST-ZIP DELETE Addition Channe 5.1 TITLE THE 5.2 NAME NAMi STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CBY-ST-ZIF DELETE Change Addition

14. I do 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 pothe 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 appears in Block 12 or Blo

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 63 STREET ADDRESS

SIGNATURE:

TITLE NAMI

STREET ADDRESS

CHTY - ST - 761

rowel HECHIED GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

Date

FILED

Apr 04 1997 8:00am

Secretary of State