## 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

**FILED** May 14 1998 8:00am Secretary of State

	M COMMUNICATIONS, INC.	001496 (6)				
Principal Place of Business 10810 FARNAM DR. ATTN:THERSA HANDFIELD OMAHA NE 68154 US		Mailing Address 10810 FARNAM DR. ATTN:THERSA HANDFIELD OMAHA NE 68154 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/24/1994		
2. Principal P	D Farnam Dr.	28. Mailing Address 26 10810 Faina	am Dire	4. FEI Number 47-0721478	Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	Dent	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5,00 May Be	
23 ()M	aha, NE	28 Omaha	Country	Trust Fund Contribution	Added to Fees	
24 68/		29 10 8154	30 OUY)10S	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	Yes No	
9. Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registere	d Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD.				Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				ress (P.O. Box Number is Not Acceptable)		
			83			
			84 City	F	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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Stonature, typed or printed name of registered agent	and title if applicable (NOT	E. Registered Agont signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	PD GEORGE DE SOLA	DELETE	1.1 TILE		☐ Change ☐ Addition	
STREET ADDRESS	10810 FARNAM DR.		1.2 NAME 1.3 STREET ADDRESS		8	
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP			
TITLE	SD	DELETE	2 1 TITLE		☐ Change ☐ Addition C	
NAME	STEFFAN, MICHAEL		, 2.2 NAME			
STREET ADDRESS	10810 FARNAM DR. OMAHA NE		2.3 STREET ADDRESS	·		
CITY-ST-ZIP	D	DELETE	2. 4 C(TY - ST - ZIP 3.1 TITLE		Change Addition	
NAME	FAIRFIELD, BILL		3.2 NAME			
STREET ADDRESS	10810 FARNAM DR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE 68154		3 4. CITY - ST - ZIP			
TITLE	TD DAVED DAVED	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	GUENTHNER, DAVID 10810 FARNAM DR.		4. 2 NAME			
STREET ADDRESS	OMAHA NE		4.3 STREET ADDRESS		* }	
CITY-ST-ZIP TITLE	Omain it.	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME	0000025271 -05/18/9801053	20	
STREET ADDRESS			5 3 STREET ADDRESS	-U5/18/9801053	019	
CITY - ST - ZIP			5 4 CITY-ST-ZIP	***150.00		
TITLE		DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME	(A)	club 1	
STREET ADDRESS	<i>T</i> ,		6.3 STREET ADDRESS	(1)	<b>~ ン//・/</b>	
CITY-ST-ZIP	partifu that the information transling until	this filing doos not qualify b	6.4 CITY-S1-ZIP	Section 119 07/3)(i) Florida Statutas Hurlber	cortily that the information	

y does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic port is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an slee or howered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in