FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005410 (5)**

1. Corporation Name

PT NET, INC.

Principal Place of Business

2100 WEST END AVENUE. SUITE 925
NASHVILLE TN 37203

Mailing Address

2100 WEST END AVENUE. SUITE 925
NASHVILLE TN 37203

3. Date Incorporated or Qualified: **10/18/1994**

3a. Date of Last Report: **09/11/1995**

4. FEI Number: **62-1575533** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH ST., SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and/or 1608, 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. The 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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	☐ DELETE	TITLE ☐ Change ☐ Addition
NAME: DEL COL, PETER		NAME
STREET ADDRESS: 150 NASSAU STREET		STREET ADDRESS
CITY-ST-ZIP: NEW YORK NY 10038		CITY-ST-ZIP
TITLE: D	☐ DELETE	TITLE ☐ Change ☐ Addition
NAME: CHANNING, WALTER		NAME
STREET ADDRESS: 1041 THIRD AVE.		STREET ADDRESS
CITY-ST-ZIP: NEW YORK NY 10021		CITY-ST-ZIP
TITLE: C	☐ DELETE	TITLE ☐ Change ☐ Addition
NAME: BURCHAM, MICHAEL		NAME
STREET ADDRESS: 2100 WEST END AVENUE, SUITE 925		STREET ADDRESS
CITY-ST-ZIP: NASHVILLE TN 37203		CITY-ST-ZIP
TITLE: V	☐ DELETE	TITLE ☐ Change ☐ Addition
NAME: GILLILAND, PAUL		NAME
STREET ADDRESS: 2100 WEST END AVE., SUITE 925		STREET ADDRESS
CITY-ST-ZIP: NASHVILLE TN 37203		CITY-ST-ZIP
TITLE: S	☐ DELETE	TITLE ☐ Change ☐ Addition
NAME: SIMPSON, ROY B JR.		NAME
STREET ADDRESS: 160 NASSAU ST.		STREET ADDRESS
CITY-ST-ZIP: NEW YORK NY 10038		CITY-ST-ZIP
TITLE: P	☐ DELETE	TITLE ☐ Change ☐ Addition
NAME: PENROSE, JOHN		NAME
STREET ADDRESS: 2100 WEST END AVENUE, SUITE 925		STREET ADDRESS
CITY-ST-ZIP: NASHVILLE TN 37203		CITY-ST-ZIP

CR2E034 (12/95)

14. I, the undersigned, say that the information supplied with this filing is correct; furnished and 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 attached sheet, with an address.

SIGNATURE: Paul Gilliland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.22.96
Date

615.321.3551
Daytime Phone Number