

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
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**



2. Principal Place of Business

21
State, Apt. #, etc.

22
City & State

23
Zip Country

24
Country

2a. Mailing Address

26
State, Apt. #, etc.

27
City & State

28
Zip Country

29
Country

9. Name and Address of Current Registered Agent

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

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 Sections 607.0602 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 authorized to accept the designations of, Sections 607.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME
D
DEL COL, PETER
2. STREET ADDRESS
150 NASSAU STREET
3. CITY, ST., ZIP
NEW YORK NY 10038
4. TITLE
D
CHANNING, WALTER
5. STREET ADDRESS
1041 THIRD AVE.
6. CITY, ST., ZIP
NEW YORK NY 10021
7. NAME
C
BURCHAM, MICHAEL
8. STREET ADDRESS
2100 WEST END AVENUE, SUITE 925
9. CITY, ST., ZIP
NASHVILLE TN 37203
10. TITLE
V
GILLILAND, PAUL
11. STREET ADDRESS
2100 WEST END AVE., SUITE 925
12. CITY, ST., ZIP
NASHVILLE TN 37203
13. NAME
S
SIMPSON, ROY B JR.
14. STREET ADDRESS
160 NASSAU ST.
15. CITY, ST., ZIP
NEW YORK NY 10038
16. NAME
P
PENROSE, JOHN
17. STREET ADDRESS
2100 WEST END AVENUE, SUITE 925
18. CITY, ST., ZIP
NASHVILLE TN 37203

☐ DELETED

☐ DELETED

☐ DELETED

☐ DELETED

☐ DELETED

☐ DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST., ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST., ZIP
8. NAME
9. STREET ADDRESS
10. CITY, ST., ZIP
11. NAME
12. STREET ADDRESS
13. CITY, ST., ZIP
14. NAME
15. STREET ADDRESS
16. CITY, ST., ZIP
17. NAME
18. STREET ADDRESS
19. CITY, ST., ZIP
20. NAME
21. STREET ADDRESS
22. CITY, ST., ZIP
23. NAME
24. STREET ADDRESS
25. CITY, ST., ZIP
26. NAME
27. STREET ADDRESS
28. CITY, ST., ZIP
29. NAME
30. STREET ADDRESS
31. CITY, ST., ZIP
32. NAME
33. STREET ADDRESS
34. CITY, ST., ZIP
35. NAME
36. STREET ADDRESS
37. CITY, ST., ZIP
38. NAME
39. STREET ADDRESS
40. CITY, ST., ZIP
41. NAME
42. STREET ADDRESS
43. CITY, ST., ZIP
44. NAME
45. STREET ADDRESS
46. CITY, ST., ZIP
47. NAME
48. STREET ADDRESS
49. CITY, ST., ZIP
50. NAME
51. STREET ADDRESS
52. CITY, ST., ZIP
53. NAME
54. STREET ADDRESS
55. CITY, ST., ZIP
56. NAME
57. STREET ADDRESS
58. CITY, ST., ZIP
59. NAME
60. STREET ADDRESS
61. CITY, ST., ZIP
62. NAME
63. STREET ADDRESS
64. CITY, ST., ZIP
65. NAME
66. STREET ADDRESS
67. CITY, ST., ZIP
68. NAME
69. STREET ADDRESS
70. CITY, ST., ZIP
71. NAME
72. STREET ADDRESS
73. CITY, ST., ZIP
74. NAME
75. STREET ADDRESS
76. CITY, ST., ZIP
77. NAME
78. STREET ADDRESS
79. CITY, ST., ZIP
80. NAME
81. STREET ADDRESS
82. CITY, ST., ZIP
83. NAME
84. STREET ADDRESS
85. CITY, ST., ZIP
86. NAME
87. STREET ADDRESS
88. CITY, ST., ZIP
89. NAME
90. STREET ADDRESS
91. CITY, ST., ZIP
92. NAME
93. STREET ADDRESS
94. CITY, ST., ZIP
95. NAME
96. STREET ADDRESS
97. CITY, ST., ZIP
98. NAME
99. STREET ADDRESS
100. CITY, ST., ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered or transfer agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Paul Gilliland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.22.96

615.721.7557
DATE

CR2E034 (12/95)