

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 2/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 14 53 39

DOCUMENT # F94000005768 (6)

1. Corporation Name

FIBERLINK COMMUNICATIONS CORPORATION

Principal Place of Business

Mailing Address

11 BALA AVE.
BALA CYNWYD PA 19004

11 BALA AVE.
BALA CYNWYD PA 19004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/07/1994

4. FEI Number

Applied For

23-2753924

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.0502 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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

CEO
RUSSELL, PAUL
11 BALA AVE.
BALA CYNWYD PA 19004

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

CFOD
GILFOR, DAVID
11 BALA AVE.
BALA CYNWYD PA 19004

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PD
SHEWARD, JAMES
1200 ARTESIA BLVD, SUITE 207
HERMOSA BEACH FL 90254

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
CLABBY, MIKE
610 FOREST AVE.
WILMETTE IL 60091

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
DONAHOWER, CHRIS
41 NASSAU PLACE
PRINCETON JCT NJ 08550

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
MAGARITY, JAKE
1200 ARTESIA BLVD. SUITE 207
HERMOSA BEACH CA 90254

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Signature Over)

6-8-95 610-668-7950