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03-02-1999 90174 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001985

1. Corporation Name

TVMAX TELECOMMUNICATIONS, INC.



Principal Place of Business

**1111 W MOCKINGBIRD LANE
DALLAS TX 75247
US**

Mailing Address

**1111 W. MOCKINGBIRD LN.
1000
DALLAS TE 75247
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1995

4. FEI Number

95-4498704

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 **Suite 1000**

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 **Suite 1000**

28 City & State

Dallas, TX

29 Zip

Country

30

US

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
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

I, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BRUNEL, LOUIS**
STREET ADDRESS **1111 W MOCKINGBIRD LN, 10TH FL**
CITY-ST-ZIP **DALLAS TX 75247**

TITLE **CFO** ☐ DELETE
NAME **BLANCHETTE, BERTRAND**
STREET ADDRESS **1111 W MOCKINGBIRD LN, 10TH FL**
CITY-ST-ZIP **DALLAS TX 75247**

TITLE **VS** ☐ DELETE
NAME **KATZENSTEIN, MICHAEL E**
STREET ADDRESS **1111 W MOCKINGBIRD LN, 10TH FL**
CITY-ST-ZIP **DALLAS TX 75247**

TITLE **D** ☒ DELETE
NAME **FORTIER, PIERRE**
STREET ADDRESS **1111 W MOCKINGBIRD LN, 10TH FL**
CITY-ST-ZIP **DALLAS TX 75247**

TITLE **D** ☒ DELETE
NAME **CHAGNON, CLAUDE**
STREET ADDRESS **1111 W MOCKINGBIRD LN, 10TH FL**
CITY-ST-ZIP **DALLAS TX 75247**

TITLE **V** ☒ DELETE
NAME **DUBE, STEPHEN**
STREET ADDRESS **1111 W MOCKINGBIRD LN, 10TH FL**
CITY-ST-ZIP **DALLAS TX 75247**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

McDonald, Lynn

1111 W. Mockingbird Ln., 10th Floor

Dallas, TX 75247

D

Chagnon, Andre

1111 W. Mockingbird Ln., 10th Floor

Dallas, TX 75247

D

Brunel, Louis

1111 W. Mockingbird Ln., 10th Floor

Dallas, TX 75247

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 619.07(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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E Katzenstein

1/18/99

214-634-3800

Date

Daytime Phone #

CR2E034 (1/98)