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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002857 (9)

COLLECTIVE COMMUNICATION SERVICES INC.

Principal Place of Business Mailing Address 112 FAYETTE STREET 112 FAYETTE STREET CONSHOHOCKEN PA 19428 CONSHOHOCKEN PA 19428

FILED Jan 27 1998 8:00am Secretary of State



mk To 1.12.68 610.469.4980

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1670 POTTSTOWN 21 26 23-2685836 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be GLENMOORE 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 19343 ÚSA 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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 title if applicable (NOTE: Registered Agent signature required when (einstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ DELETE __ Change ___ Addition TITLE 1.1 TITLE COOK, JACKIE O JR. NAME 1.2 NAME STREET ADDRESS 112 FAYETTE STREET 1.3 STREET ADDRESS CONSHOHOCKEN PA 19428 CITY-ST-ZIF 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME EARHART, JEFFREY M 2.2 NAME 112 FAYETTE STREET STREET ADDRESS 2.3 STREET ADDRESS CONSHOHOCKEN PA 19428 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BATTISTINI, RAYMOND NAME 3.2 NAME 112 FAYETTE STREET STREET ADORESS 3.3 STREET ADDRESS CONSHOHOCKEN PA 19428 CITY - ST - ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition COOK, JACKIE ONEAL JR. NAME 4. 2 NAME 112 FAYETTE STREET 4.3 STREET ADDRESS STREET ADDRESS CONSHOHOCKEN PA 19428 CITY - ST - ZIP 4.4 CITY-ST-ZIP ___ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP □ DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP

14. I hereby certify that the Information supplied with this filing 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 attachment with an address.

SIGNATURE: