SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 SEP 13 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003349**

1. Corporation Name
INTEX TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
200 EAST BROWARD BLVD 1110 FT LAUDERDALE FL 33301 US	200 EAST BROWARD BLVD 1110 FT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1995

2. Principal Place of Business	2a. Mailing Address
21 1700 Old Meadow Rd	26 1700 OLD MEADOW RD
Suite, Apt. #, etc. 22 3rd FL	Suite, Apt. #, etc. 27 3rd Floor
City & State 23 Mclean VA	City & State 28 Mclean VA
Zip / Country 24 22102 / 25	Zip / Country 29 22102 / 30

4. FEI Number: 57-1019133 ☐ 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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABNEY, CHAN BRYANT 200 E BROWARD BLVD 2100 FT LAUDERDALE FL 33301	81 Name: NRAI Services, Inc 82 Street Address (P.O. Box Number Is Not Acceptable): 526 E. Park Ave. 83 84 City: Tallahassee FL 85 Zip Code: 32301

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: Ed Hand - Asst. Sec. 9/13/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD O'BRIEN, WESLEY T 200 E BROWARD BLVD 2100 FT LAUDERDALE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President / DIRECTOR K. Paul Singh 1700 Old Meadow Rd. 3rd Fl Mclean VA 22102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SPOTO, ANGELINA 200 E BROWARD BLVD,STE 2100 FT LAUDERDALE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT / DIRECTOR John F. DePodesta 1700 Old Meadow Rd. 3rd Fl Mclean VA 22102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CAPETTA, JOHN 200 E BROWARD BLVD, STE 2100 FT LAUDERDALE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer / DIRECTOR Neil L. Hazard 1700 Old Meadow Rd. 3rd Fl Mclean VA 22102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRESSEL, HENRY 200 E BROWARD BLVD,ST 2100 FT LAUDERDALE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KARP, DOUGLAS 200 E BROWARD BLVD STE 2100 FT LAUDERDALE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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****550.00 ****550.00

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: Neil L. Hazard Treasurer — 9-7-99 — 703-902-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)