FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State B-6380) OF CORPORATIONS **1996** 5-9 F95000005018 (5) **DOCUMENT #** 1. Corporation Name ATN COMMUNICATIONS INCORPORATED Mailing Address Principal Place of Business 1509 GOVERNMENT ST 1509 GOVERNMENT ST MOBILE AL 36604 MOBILE AL 36604 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 63-1153355 26 21 \$8.75 Additional Suite. Apt. #. etc 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Ζıp Yes **K** No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 Name and Address of Current Registered Agent 81 Name Nicholas 82 Street Aq **ELLIOTT, NICHOLAS** 11505 TULLAMORE 83 TAMPA FL 33617-2456 City 84 7.1508. Florida Statuties, the above named corporation submits this statement for the purpose of changing its registered office change has authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am the purpose of changing its registered agent. 11. Pursuant to the provisions of or registered agen familiar with, at SIGNATURE (NOTE: Registered Agent signature required when reinstaine) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELETE 1 1 TOTALE TITLE DCP 1.2 NAME **ELLIOT, NICHOLAS** NAME 1.3 STREET ADDRESS 1509 GOVERNMENT ST STREET ADDRESS 1.4 CITY - ST-7IP MOBILE AL 36604 CITY-ST-ZIP Change Addition [ ] DELETE 2.1 TITLE TITLE DS 22 NAME DEVITO, DEBRA NAME 2.3 STREET ADDRESS 1509 GOVERNMENT ST STREET ADDRESS MOBILE AL 36604 2.4 CITY - ST - ZIP CITY-ST-ZIP [ ] Addition [] DELETE 3 1 111LE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADORESS 34 CHY-ST-ZIP CITY-ST-ZIP Addition Change T DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Channe Addition DELETE 5.1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-2IP CITY-ST-ZIP Addition ☐ Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS s voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further polemental armual report is true and accurate and that my signature shall have the same legal effect as if made under ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name int with an address. 64 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this feetify that the information indicated on this annual report oath; that I am an officer or director of the corporation or appears in Block 12 or Block 13 it changed, or on an attraction.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED WAYE OF SCHING OFFICER OR DIRECTOR DENTE OF SCHING OFFICER OR DIRECTOR