

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000005018 (5)**

1. Corporation Name
ATN COMMUNICATIONS INCORPORATED

Principal Place of Business 1509 GOVERNMENT ST MOBILE AL 36604	Mailing Address 1509 GOVERNMENT ST MOBILE AL 36604
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1995	
21		26		4. FEI Number 63-1153355	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**ELLIOTT, NICHOLAS
2854 SE FEDERAL HWY
STUART FL 34994**

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

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 reinstating)

DATE

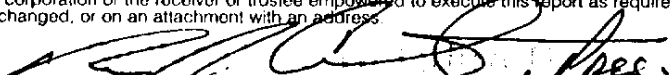
OFFICERS AND DIRECTORS

12.	TITLE	DCS	<input checked="" type="checkbox"/> DELETE
	NAME	ELLIOTT, NICHOLAS	
	STREET ADDRESS	1509 GOVERNMENT ST	
	CITY-ST-ZIP	MOBILE AL 36604	
	TITLE	DT	<input checked="" type="checkbox"/> DELETE
	NAME	DEVITO, DEBRA	
	STREET ADDRESS	1509 GOVERNMENT ST	
	CITY-ST-ZIP	MOBILE AL 36604	
	TITLE	DP	<input type="checkbox"/> DELETE
	NAME	COURTNEY, RICH	
	STREET ADDRESS	1509 GOVERNMENT ST	
	CITY-ST-ZIP	MOBILE AL 36604	
	TITLE	DVP	<input type="checkbox"/> DELETE
	NAME	SHIMP, ROBERT	
	STREET ADDRESS	1509 GOVERNMENT ST	
	CITY-ST-ZIP	MOBILE AL 36604	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hardegree, Bonner	
1.3 STREET ADDRESS	5806 Mesa Dr. #260	
1.4 CITY-ST-ZIP	Austin, TX 78731	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Courtney, Richard	
3.3 STREET ADDRESS	1509 Government ST. Suite 500	
3.4 CITY-ST-ZIP	Mobile, AL 36604	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Shimp, Robert	
4.3 STREET ADDRESS	1509 Government St. Suite 500	
4.4 CITY-ST-ZIP	Mobile, AL 36604	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wright, Wayne	
5.3 STREET ADDRESS	5806 Mesa Dr. #260	
5.4 CITY-ST-ZIP	Austin, TX 78731	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:



4/3/98 (334) 479-9400

CP2E034 (10/97)