

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

FILED
Jan 27 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 # **F95000005101 (9)**

1. Corporation Name
ACTIVETEL L.D., INC.



Principal Place of Business

Mailing Address

**1901 GLENVILLE DR
SUITE 800
RICHARDSON TX 75080
US**

**1901 GLENVILLE RD
SUITE 800
RICHARDSON TX 75080
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

95-4497427

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADELSON, GARY	
STREET ADDRESS	9030 BRIARCREST LANE	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, CHASE	
STREET ADDRESS	P.O. BOX 900 N/A	
CITY-ST-ZIP	BEVERLY HILLS CA 90213	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHOTTLAENDER, L	
STREET ADDRESS	7048 CURRIN DR	
CITY-ST-ZIP	DALLAS TX	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	DUPONT, THOMAS	
STREET ADDRESS	164 VERNON AVE	
CITY-ST-ZIP	VERNON CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOENIG, CARL	
STREET ADDRESS	7859 EL PENSADOR	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAINE, DOUGLAS L	
STREET ADDRESS	10912 MARTINGALE CT.	
CITY-ST-ZIP	POTMAC MD 20854-1560	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dennis Dolan	
1.3 STREET ADDRESS	2 World Financial Center, Bldg. B	
1.4 CITY-ST-ZIP	New York, N.Y. 10281	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Skip Victor	
2.3 STREET ADDRESS	11100 Santa Monica Blvd. Suite 830	
2.4 CITY-ST-ZIP	Los Angeles, CA 90025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ken Kemper	
3.3 STREET ADDRESS	8600 Hidden River Parkway, Suite 50	
3.4 CITY-ST-ZIP	Tampa, FLA 33637	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 **Carl Koenig, Secretary (972) 669-6117**

CR2E034 (10/97)