

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).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90023 035 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F95000005101

1. Corporation Name

ACTIVETEL L.D., INC.

Principal Place of Business

1901 GLENVILLE DR
SUITE 800
RICHARDSON TX 75080
US

Mailing Address

1901 GLENVILLE RD
SUITE 800
RICHARDSON TX 75080
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

10/19/1995

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 the current year
Intangible Personal Property.

☐ Yes ☒ No

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------------------|----------------------------------|-------------------|-------|----------------|--------------------------------------|----------------------|
| D | DOLAN, DENNIS | 2 WORLD FINANCIAL CENTER, BLDG B | NEW YORK NY 10281 | D | VICTOR, SKIP | 11100 SANTA MONICA BLVD. SUITE 830 | LOS-ANGELES CA 90025 |
| P | SCHOTTLAENDER, L | 7046 CURRIN DR | DALLAS TX | TT | DUPONT, THOMAS | 164 VERNON AVE | VERNON CT |
| S | KOENIG, CARL | 7859 EL PENSADOR | DALLAS TX | VP | KEMPER, KEN | 8600 HIDDEN RIVER PARKWAY, SUITE 520 | TAMPA FL 33637 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
|-----------|----------|--------------------|-----------------|-----------|----------------------|--------------------------------|-------------------------|
| | | | | 3.1 TITLE | SCHOTTLAENDER, KEVIN | | |
| | | | | 4.1 TITLE | | 280 W. Renner Road | Richardson, Texas 75080 |
| | | | | 5.1 TITLE | | | |
| | | | | 6.1 TITLE | | 2203 N. Lois Avenue, Suite 300 | Tampa, FL 33607 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (5/99)