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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000690 (5)

DIGITAL NETWORK OPERATOR SERVICES, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	<u></u>				
400 CENTRE PARK 400 CENTRE PARK							
SUITE 100 S		SUITE 100	SUITE 100				
DESOTO TX 75115-8802 DESOTO TX 75115-8802					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					02/12/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I AI	pplied For
21		26	26		75-2512045	, N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
		27				Fee He	equired
City & Stat	U	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid th		
24	25 29 30				Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	red Agent	
N .	CORPORATION SYSTEM		61	Name			ľ
1200 SOUTH PINE ISLAND ROAD			82 8	Street Addres	ss (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			\ <u>-</u>				
			83				
1			84 0	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statu	les the above-n	amed corpor	ration submits this statement for the purpor	se of changing it	ts registered
office or r	egistered agent, or both, in the Sta	ite of Florida. Such change was	authorized by th	e corporation	n's board of directors. I hereby accept the	appointment as	registered
] -	и вишаг жил, ало ассерт не обя	igations of, Section 607.0303, Fi	onga Sialules.				
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NO	TE Registered Agent s	ignature required	when reinstating) . Do	ÁTÉ	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	CP PROUPLEDIO D	DELETE	1.1 TITLE			☐ Change	Addition
NAME BROWN, ERIC D STREET ADDRESS 400 CENTRE PARK, SUITE 100		400	1.2 NAME				
STREET ADDRESS		100	1.3 STREET ADD				ĺ
CITY-ST-ZIP	DESOTO TX 75115-8802	DELETE	1.4 C/TY - ST - Z	IP .		Change	☐ Addition
TITLE NAME	MCCROY, MARVIN R		2.1 TITLE			creange	☐ Moonion
STREET ADORESS	400 CENTRE PARK, SUITE	100	2.2 NAME	20000			
CITY-ST-ZIP	DESOTO TX 75115-8802	,,,,	2.3 STREET ADE 2. 4 CITY-ST-2				Ì
TITLE	STD	DELETE	3.1 TITLE	ur -		Change	Addition
NAME	HAYMOND, ROBERT E	_	3.2 NAME				_
STREET ADDRESS	400 CENTRE PARK, SUITE	100	3.3 STREET ADD	DRESS !			İ
CITY+ST-ZIP	DESOTO TX 75115-8802		3.4. CITY-ST-2	ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADD	DRESS			
CITY-ST-ZIP			4.4 CITY-ST-Z	IP 1			
TITLE		DELETE	5.1 TITLE	i		Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD				
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZI	IP		Chance	Addison
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME CENTET ADDOCCC			6.2 NAME	20500			-
STREET ADORESS			6.3 STREET ADD				
CITY-ST-ZIP			■ 0.4 GHY+S(+Z)	r i			

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:

177-128-5002