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

FILED
May 15 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 # **F96000001370 (3)**

1. Corporation Name
MINDSPRING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1430 W. PEACHTREE ST., N.W., #400 ATLANTA GA 30309	1430 W. PEACHTREE ST., N.W., #400 ATLANTA GA 30309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
03/18/1996

4. FEI Number
58-2113290
☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANIER, CAMPBELL B III		1.2 NAME	
STREET ADDRESS	1430 W. PEACHTREE ST., N.W., #400		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309		1.4 CITY-ST-ZIP	
TITLE	PDCE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, CHARLES M		2.2 NAME	
STREET ADDRESS	1430 W. PEACHTREE ST., N.W., #400		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, WILLIAM H III		3.2 NAME	
STREET ADDRESS	1430 W. PEACHTREE ST., N.W., #400		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309		3.4 CITY-ST-ZIP	
TITLE	VCOO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCQUARY, MICHAEL S		4.2 NAME	
STREET ADDRESS	1430 W. PEACHTREE ST., N.W., #400		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309		4.4 CITY-ST-ZIP	
TITLE	VSTD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MISIKOFF, MICHAEL G		5.2 NAME	
STREET ADDRESS	1430 W. PEACHTREE ST., N.W., #400		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309		5.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NIXON, J F		6.2 NAME	
STREET ADDRESS	1430 W. PEACHTREE ST., N.W., #400		6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: Michael S. McQuary 4-29-98 4048150770