

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90059 017 ***150.00

DOCUMENT # F96000001942

1. Corporation Name

INNOVATIVE TELECOM CORPORATION

Principal Place of Business

11800 30TH COURT NORTH
ST. PETERSBURG FL 33716

Mailing Address

11800 30TH COURT NORTH
ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1996

4. FEI Number

02-0484512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	CD	<input type="checkbox"/> DELETE
NAME	BOATWRIGHT, JOHN	
STREET ADDRESS	2 HARRISON ST.	
CITY-ST-ZIP	NASHUA NH 03060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUZZY, GREGORY E	
STREET ADDRESS	2 HARRISON ST.	
CITY-ST-ZIP	NASHUA NH 03060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURCHYN, JOSEPH	
STREET ADDRESS	200 RECTOR PLACE	
CITY-ST-ZIP	NEW YORK NY 10280	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLE, BRIAN	
STREET ADDRESS	ONE MCKINLEY SQ.	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUNG, STANLEY	
STREET ADDRESS	101 MAIN ST	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATY, GORDON	
STREET ADDRESS	101 MAIN ST., 17TH FL.	
CITY-ST-ZIP	COMBRIDGE MA 02142	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Speer, Roy	
1.3 STREET ADDRESS	3201 Dickerson Pike	
1.4 CITY-ST-ZIP	Nashville, TN 37207	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Greene, O.G.	
3.3 STREET ADDRESS	3201 Dickerson Pike	
3.4 CITY-ST-ZIP	Nashville, TN 37207	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Provow, Lee	
4.3 STREET ADDRESS	3201 Dickerson Pike	
4.4 CITY-ST-ZIP	Nashville, TN 37207	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Crippa, Dick	
6.3 STREET ADDRESS	3201 Dickerson Pike	
6.4 CITY-ST-ZIP	Nashville, TN 37207	

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, with all other like empowered.

SIGNATURE:

Tim Bass

TIMOTHY BASS

4/29/99

603-889-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #