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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002897

1. Corporation Name

AMERICAN COMMUNICATION SERVICES OF JACKSONVILLE, INC.

Principal Place of Business

131 NATIONAL BUSINESS PKWY
SUITE 100
ANNAPOLIS JUNCTION MD 20701

Mailing Address

131 NATIONAL BUSINESS PKWY
SUITE 100
ANNAPOLIS JUNCTION MD 20701

2. Principal Place of Business

21 133 National Business Pkwy.

Suite, Apt. #, etc.

22 200

City & State

23 Annapolis Junction, MD

Zip Country

24 20701

25

2a. Mailing Address

26 133 National Business Pkwy.

Suite, Apt. #, etc.

27 200

City & State

28 Annapolis Junction, MD

Zip Country

29 20701

30

9. Name and Address of Current Registered Agent

HARDEN, PAUL M
1301 RIVERPLACE BLVD., STE 2601
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

06/11/1996

4. FEI Number

52-2024270

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 Tax

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is OK)

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 PD ☐ DELETE

NAME REICH, JACK E

STREET ADDRESS 131 NATL BUS PKWY STE 100

CITY-ST-ZIP ANNAPOLIS JUNCTION MD

TITLE S ☐ DELETE

NAME MURPHY, RILEY M

STREET ADDRESS 131 NATIONAL BUSINESS PKWY, STE 100

CITY-ST-ZIP ANNAPOLIS JUNCTION MD

TITLE CFO ☐ DELETE

NAME PIAZZA, DAVID L

STREET ADDRESS 131 NATL BUS PKWY STE 100

CITY-ST-ZIP ANNAPOLIS JUNCTION MD

TITLE D ☐ DELETE

NAME RAFFERTY, CHRISTOPHER L

STREET ADDRESS 131 NATIONAL BUSINESS PKWY, STE 100

CITY-ST-ZIP ANNAPOLIS JUNCTION MD

TITLE D ☐ DELETE

NAME TROUVEROY, OLIVER L

STREET ADDRESS 131 NATIONAL BUSINESS PKWY, STE 100

CITY-ST-ZIP ANNAPOLIS JUNCTION MD

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition

12 NAME Dennis J. Kern

13 STREET ADDRESS 133 National Business Pkwy., Suite 200

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 133 National Business Pkwy., Suite 200

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS 133 National Business Pkwy., Suite 200

34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS 133 National Business Pkwy., Suite 200

44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS 133 National Business Pkwy., Suite 200

54 CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS Anthony J. Pompliano

64 CITY-ST-ZIP 133 National Business Pkwy., Suite 200

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:

Riley M. Murphy, Secretary 6/25/99

(301) 361-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0547298

APPROVED
AND
FILED

99 JUL -2 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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