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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F9600006159 (5)

MORNINGSTAR COMMUNICATIONS, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address							
465 S HIGHLAN CEDAR HILL TX		465 S HIGHLAND DR CEDAR HILL TX 75104-267	2			:			
}						3. Date Incorporated or Qualified 11/22/1996	3a. Da	ite of Last	Report
2. Principal Place of Business 2a. Mailing Ad			ddress			4. FEI Number		1	Applied For
21 26						75-2586076			Not Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	9	Crty & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
<i>Z</i> ip	Country 25	Zip 29	30	untry		8. This corporation has liability for Florida Statutes	intangible Yes		s. 199.032,
**1	9, Name and Address of Curren		1001	Ī		10. Name and Address of New Re			
CT	CORPORATION SYSTEM			81 N	lame				
1200 SOUTH PINE ISLAND ROAD				82 S	Street Addre	ess (P.O. Box Number is Not Acceptable)			
PLAI	NTATION FL 33324			63	· · · · · · · · · · · · · · · · · ·	,		······································	
				84 (City	<u>,</u>	F 1	85 Zip	o Code
44 Durament	to the provisions of Sections 507.050	22 and 607 1500 Elected Statut	an than		amad sarna	pration submits this statement for the	FL	obangina	ita registered
office or re agent I as	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was a ations of, Section 607.0505, Florida.	authorize orida Sta	d by th	e corporatio	on's board of directors. I hereby acce	pt the app	ointment a	s registered
SIGNATURE	Signature, typed or printed name of registered age	Alor	C. Ongletere	d Agent e	inch so con ite	d when reinstating)	DATE		
12.		D DIRECTORS	13.	d Agent 8	dustrie sedniec	ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12
TITLE	DCPV	☐ DELETE	1.1 T	ITLE				Change	Addition
NAME	HAYMOND, ROBERT E II		1.2 N	IAME					
STREET ADDRESS	465 S HIGHLAND DR		1.3\$	TREET AD	DRESS				
CHY-ST-ZIP	CEDAR HILL TX 75104	☐ DELETE		ITY-ST-Z	IP			Change	Addition
TITLE	d Haymond, robert e III	☐ DETEIE	21 T 22 N					Crange	L] AUGIIION
NAME STREET ADDRESS	465 S HIGHLAND DR		4	iame Treet adi	DOCCC				
CITY-SI-ZIP	CEDAR HILL TX 75104			CITY-ST-2					
TITLE	DST	DELETE	3.1 7			***	1.5	Change	Addition
NAME	HAYMOND, AUDREY I		3.2 N	IAME					
STHEFT ADDRESS	485 S HIGHLAND DR		3.3 \$	TREET ADI	DRESS				
CHY-ST-ZIP	CEDAR HILL TX 75104	T St. Fer		CITY-ST-	ZIP		······························	T 6: -	— 1 1 2 3 3 3 3 3
TITLE		☐ DELETE	4.1 7					L Change	Addition
NAMé				NAME					
STREET ADDRESS				TREET ADI					
CITY - ST - ZIP		☐ DELETE	51 T		<u> </u>			☐ Change	Addition
NAME			•	IAME					
STREET ADDRESS				TREET ADI	DRESS				
CITY-S1-ZIP				ITY-ST-Z					
TITLE		DELETE	6.1 7		$\neg \uparrow \neg$			Change	Addition
NAME			62 N	IAME					
STREET ADDRESS			6.3 S	TREET ADI	Dress				
City - ST - 7IP			6.4 0	ITY-ST-2	MP	<u>,</u>	·, ·· ··		

14. I do 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.