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FILED
Apr 24 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 # F97000000872

1. Corporation Name
Coxcom, Inc.

Principal Place of Business	Mailing Address
COX ENTERPRISES, INC. CORPORATE TAX DEPT. 1400 LAKE HEARN DRIVE ATLANTA, GA. 30319	COX ENTERPRISES, INC. CORPORATE TAX DEPT. 1400 LAKE HEARN DRIVE ATLANTA, GA. 30319

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 (24) Country (25) — Zip (29) Country (30)

3. Date Incorporated or Qualified: 7/15/96

4. FEI Number: 95-2755479 ☐ 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

CT Corporation System
1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	P, D ☐ Change ☐ Addition
NAME		1.2 NAME	JAMES O. ROBBINS
STREET ADDRESS		1.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	☐ DELETE	2.1 TITLE	V, D ☐ Change ☐ Addition
NAME		2.2 NAME	JIMMY W. HAYES
STREET ADDRESS		2.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	☐ DELETE	3.1 TITLE	V, D ☐ Change ☐ Addition
NAME		3.2 NAME	JAMES A. HATCHER
STREET ADDRESS		3.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	☐ DELETE	4.1 TITLE	S ☐ Change ☐ Addition
NAME		4.2 NAME	ANDREW A. MERDEK
STREET ADDRESS		4.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	☐ DELETE	5.1 TITLE	T ☐ Change ☐ Addition
NAME		5.2 NAME	DALLAS S. CLEMENT
STREET ADDRESS		5.3 STREET ADDRESS	1400 LAKE HEARN DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4/24/98

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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: Andrew A. Merdek 4/9/98 404-843-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #