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

DOCUMENT # F9700001833

1. Corporation Name

LONDON	i Telecom Network, Cop	RP.						
Principal Plac	e of Business	Mailing Address					E181 1881 1868	i ()(60 (()) (11
2502 ROCKY POINT DRIVE 2502 ROCKY POINT DRIVE								
SUITE 170 SUITE 170						DO NOT WEST IN THE	200405	
TAMPA BAY FL 33607 TAMPA BAY FL 33607			, ,		,	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
{								
2 Deinning D	Hone of Business	2a. Mailing Address				04/09/1997 4. FEI Number		Applied For
F-7						58-2264746		Not Applicable
21						· <u>_</u>		Additional
22			•		,	5. Certifcate of Status Desired	•	Required
					, =	6. Election Campaign Financing	\$5.00	May Be
23						Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year In	ıtangible	
24	25	29 3	10			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered	Agent	
	OODDODATION OVOTEN			81	Name			l
C T CORPORATION SYSTEM				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD								
PLAN	VTATION FL 33324			83				
	•	(Ì	84	City	FI	85 Zip	Code
						FL		a in the same
agent. I a						oration submits this statement for the purpose o on's board of directors. I hereby accept the appo		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	. DELETE	1.1 TIT			,	Change	Addition
NAME	FREEMAN, ROBERT G		1.2 NAME		İ			
STREET ADDRESS	2502 ROCKY POINT DRIVE SUIT	E 170			ADDRESS	,		1
CITY-ST-ZIP	TAMPA BAY FL 33607	□ DELETE	1.4 CFT		-ZIP	***************************************	Change	e
TITLE	<u>- </u>		I .	2.1 TITLE			□ Change	, L'Acquion
NAME	WOOD, COLIN			MÉ _				
STREET ADDRESS 2502 ROCKY POINT DRIVE SUITE 170			1		ADORESS			ļ
- CITY-ST-ZIP _	TAMPA BAY FL 33607	DELETE	2.4 CF		T-ZIP		Change	e
TITLE	_		3.1 TIT 3.2 NA				onlange	
NAME	TICIOZ, OFUILO				ADDRESS			
	DRESS 2502 ROCKY POINT DRIVE SUITE 170 P TAMPA BAY FL 33607							1
CITY-ST-ZIP				3.4. CITY-ST-ZIP			Change	e [.] Addition
TITLE		- Deterie	4.1 III		1			
NAME STREET ADDRESS					ADDRESS			
STREET ADDRESS	,,		4.4 CIT					
CITY-ST-ZIP		☐ DELETÉ	5.1 TIT		- Lift		☐ Change	e Addition
NAME			5.2 NA				_ •	[
STREET ADDRESS	,				ADDRESS			{
CITY-ST-ZIP	1		5.4 CIT		- 1			}
TITLE		☐ DELETE	6.1 TIT			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			6.2 NA	ME				}
	,		63 ST	RFFT	ADDRESS	•		

CITY-ST-ZIP 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: X

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90087 026 ***150.00