


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

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Apr 22, 1999 8:00 am
Secretary of State

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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 # F97000002631

1. Corporation Name
PAGING NETWORK OF TENNESSEE, INC.
 PageNet, Inc.

Principal Place of Business 1000 LEGION PLACE #100 ORLANDO FL 32801	Mailing Address 4965 PRESTON PARK BLVD. #800 PLANO TX 75093
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 14911 Quorum Dr.
22 City & State	27 600
23 Zip Country	28 Dallas, Tx
24 Zip Country	29 75240 30

3. Date incorporated or Qualified 05/16/1997	
4. FEI Number 62-1560954	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	FRAZEE, JOHN P JR
STREET ADDRESS	4965 PRESTON PARK BLVD., #800
CITY-ST-ZIP	PLANO TX 75093
TITLE	SVP <input checked="" type="checkbox"/> DELETE
NAME	FROMBERG, BARRY A
STREET ADDRESS	4965 PRESTON PARK BLVD., #800
CITY-ST-ZIP	PLANO TX 75093
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	DIMARCO, MICHAEL
STREET ADDRESS	4965 PRESTON PARK BLVD., #800
CITY-ST-ZIP	PLANO TX 75093
TITLE	SVP <input checked="" type="checkbox"/> DELETE
NAME	SCOTT, WILLIAM
STREET ADDRESS	4965 PRESTON PARK BLVD., #800
CITY-ST-ZIP	PLANO TX 75093
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	FELDMAN, ROGER D
STREET ADDRESS	150 FEDERAL ST.
CITY-ST-ZIP	BOSTON MA 02110
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, RUTH
STREET ADDRESS	4965 PRESTON PARK BLVD. #800
CITY-ST-ZIP	PLANO TX 75093

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward W. Mullinix, Jr.
1.3 STREET ADDRESS	14911 Quorum Dr. #600
1.4 CITY-ST-ZIP	Dallas, TX 75240
2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ruth Williams
2.3 STREET ADDRESS	14911 Quorum Dr. #600
2.4 CITY-ST-ZIP	Dallas, TX 75240
3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Julian Castelli
3.3 STREET ADDRESS	14911 Quorum Dr. #600
3.4 CITY-ST-ZIP	Dallas, TX 75240
4.1 TITLE	Controller <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	J. Barry Duncan
4.3 STREET ADDRESS	14911 Quorum Dr. #600
4.4 CITY-ST-ZIP	Dallas, TX 75240
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *John P. Frazee* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 13 1999

(972)801-8124
 Daytime Phone #

CR29234 (1/99)