## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** F97000003906 1. Corporation Name

FOXTEL, INC.

**FILED** 

Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90012 041 \*\*\*250.00

07-27-1999 90012 042 \*\*\*300.00

Principal Place	e of Business	Mailing Address	5								
200 S. VIRGIN	IA ST.	200 S. VIRGINIA	N ST.								
RENO NV 8950	01	STE 550									
		RENO NV 89501	l				DO NOT WRIT	E IN THIS	SPACE	A	
		US				3. Date incorporat					
						07/24/1997					
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number				Applied	For
21		26				86-087470	5			Not App	plicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			- 0-45-44-46	-t D1d		\$8.7	<b>5</b> Additi	ional
22		27				5. Certificate of St	atus Desired	لسسا	Fee	Require	ed
City & Stat	· -	City & State				6. Election Campa	aign Financing		\$5 (	00 May	Be
<b>一</b> ・		28				Trust Fund Cor	-		•	ed to Fe	
Zip	Country	Zip		Country		8. This corporation		nt vear			
<b>-</b>	<u>⊢</u> , '		30	Journary		Intangible Perse		Year	Yes	☐ No	
24	25]	29				10. Name and Add		edistered A			
-	9. Name and Address of Curre	int Registered Agent		81 N	Vame	IO. Hame and Au	JICSS OF NOW IN	-giotorou /	190111		
NRA	AI SERVICES, INC.			'   '	Tallio						
	E. PARK AVE.			82 5	Street Addre	ess (P.O. Box Number	r is Not Acceptat	ole)			
IAL	LAHASSEE FL 32301			83							
^				94 6	7:6.				08 7	ip Code	
				84	City			FL	103 2	ip Code	' I
11. Pursuant	t to the provisions of sections 607.05	02 and 607 1508 Flori	da Statutes, the	above-na	med comora	ation submits this state	ement for the our	pose of cha	enging its	registe	red
office or	registered agent, or both, in the Stat am familiar with, and accept the obli	le of Florida. Such cha	nge was authori	ized by the	e corporation	n's board of directors	. I hereby accept	the appoin	tment as	registe	red
SIGNATURE	Signature, typed or printed name of registered ag		MOTE D	nictored Acent	t eignature requir	red when reinstating)		DATE		<del></del>	-
	Signature, typed of printed name of registered ag	ent and tipe if applicable.	(NOTE: Reg	Charging Landon	cagnatale recus	rod whom tombadany)					
12.				13.	t aignature requi		ANGES TO OFF		DIREC	TORS	N 12
<b>12.</b>	OFFICERS A	ND DIRECTORS	1			ADDITIONS/CH	ANGES TO OFF			497	
TITLE	OFFICERS A	ND DIRECTORS	ELETE 1.1	13.	CEO	ADDITIONS/CH/ D/Director	ANGES TO OFF		DIREC Chan	497	Addition 1
TITLE NAME	OFFICERS A CPST CUSTER, WILLIAM A	ND DIRECTORS	1.1 PELETE 1.1	13. 1 TITLE 2 NAME	CEC Mor	ADDITIONS/CHA D/Director Tris Jacobs		ICERS ANI	Chan	497	Addition
TITLE NAME STREET ADDRESS	OFFICERS A CPST CUSTER, WILLIAM A 804 NIXON AVE.	ND DIRECTORS	1.0 ELETE 1.0 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	13. 1 TITLE 2 NAME 3 STREET ADD	CEO Mor	ADDITIONS/CH/ D/Director ris Jacobs ) S. Virgini	a St., S	ICERS ANI	Chan	497	Addition 1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A CPST CUSTER, WILLIAM A 804 NIXON AVE.	ND DIRECTORS	DELETE 1.1 1.2 1.3 1.4 1.5 1.6 1.6 1.6 1.7 1.7 1.7 1.8 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9	13. 1 TITLE 2 NAME 3 STREET ADI 4 CITY-S1-ZIP 1 TITLE 2 NAME 3 STREET ADI 4 CITY-S1-ZIP 1 TITLE 2 NAME 3 STREET ADI 4 CITY-S1-ZIP 1 TITLE 2 NAME 3 STREET ADI 4 CITY-S1-ZIP 1 TITLE 2 NAME 3 STREET ADI 4 CITY-S1-ZIP	CEC Mor 200 Ren CPS Cus DRESS 277 Ren DRESS	ADDITIONS/CHA D/Director Tris Jacobs O S. Virgini NO, NV 8950 ST Ster, Will O Everett	a St., S	uite 5	Chang Chang Chang	ge	Addition  Addition
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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:

R-14-99