

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90067 017 ***150.00

DOCUMENT # F98000000756

1. Corporation Name

NEXT GENERATION NETWORK, INC.

Principal Place of Business

9531 W 78TH ST.
MINNEAPOLIS MN 55344

Mailing Address

9531 W 78TH ST.
MINNEAPOLIS MN 55344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

41-1670450

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11010 Prairie Lakes Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 11010 Prairie Lakes Drive
Suite, Apt. #, etc.

22 Suite 300

27 Suite 300

City & State

City & State

23 Eden Prairie, MN

28 Eden Prairie, MN

Zip Country

Zip Country

24 55344

29 55344

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE

NAME JOYCE, GERARD P
STREET ADDRESS 9531 W. 78TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 11010 Prairie Lakes Drive, Suite 300
14 CITY-ST-ZIP Eden Prairie, MN 55344

TITLE VCD ☐ DELETE

NAME PUGLIESE, THOMAS M
STREET ADDRESS 9531 W. 78TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 11010 Prairie Lakes Drive, Suite 300
24 CITY-ST-ZIP Eden Prairie, MN 55344

TITLE TAS ☐ DELETE

NAME KOLTHOFF, MICHAEL
STREET ADDRESS 9531 W. 78TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS 11010 Prairie Lakes Drive, Suite 300
34 CITY-ST-ZIP Eden Prairie, MN 55344

TITLE D ☐ DELETE

NAME HARTMAN, TIMOTHY P
STREET ADDRESS 9531 W. 78TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

41 TITLE ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS 11010 Prairie Lakes Drive, Suite 300
44 CITY-ST-ZIP Eden Prairie, MN 55344

TITLE D ☐ DELETE

NAME MAROCCO, MICHAEL J
STREET ADDRESS 9531 W. 78TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

51 TITLE ☒ Change ☐ Addition

52 NAME
53 STREET ADDRESS 11010 Prairie Lakes Drive, Suite 300
54 CITY-ST-ZIP Eden Prairie, MN 55344

TITLE D ☐ DELETE

NAME VOELKER, DAVID R
STREET ADDRESS 9531 W. 78TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

61 TITLE ☒ Change ☐ Addition

62 NAME
63 STREET ADDRESS 11010 Prairie Lakes Drive, Suite 300
64 CITY-ST-ZIP Eden Prairie, MN 55344

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 or without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)