

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90093 048 ***150.00

DOCUMENT # F98000003915

1. Corporation Name

2ND CENTURY COMMUNICATIONS, INC.



Principal Place of Business

**355 BUSCHWOOD PARK DRIVE
SUITE 190
TAMPA FL 33618**

Mailing Address

**355 BUSCHWOOD PARK DRIVE
SUITE 190
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1998

4. FEI Number

59-3520645

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 7702 Woodland Center Blvd

2a. Mailing Address

26 7702 Woodland Center Blvd

Suite, Apt. #, etc.

22 Suite 50

Suite, Apt. #, etc.

27 Suite 50

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip Country

24 33614

25

Zip Country

29 33614

30

9. Name and Address of Current Registered Agent

**LYNCH, PAUL R
101 EAST KENNEDY BLVD STE 2800
TAMPA FL 33602**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE

NAME **VIREN, MICHAEL A**

STREET ADDRESS **3550 BUSCHWOOD PARK DRIVE, STE 190**

CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE

NAME **WILLIAMS, OSCAR J**

STREET ADDRESS **3550 BUSCHWOOD PARK DRIVE, STE 190**

CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE

NAME **ROCCA, CARMINE V**

STREET ADDRESS **3550 BUSCHWOOD PARK DRIVE, STE 190**

CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE

NAME **BAKER, CHARLOTTE A**

STREET ADDRESS **3550 BUSCHWOOD PARK DRIVE, STE 190**

CITY-ST-ZIP **TAMPA FL**

TITLE **STAV** ☐ DELETE

NAME **MONTAGUE, DANIEL J**

STREET ADDRESS **3550 BUSCHWOOD PARK DRIVE, STE 190**

CITY-ST-ZIP **TAMPA FL**

TITLE **AV** ☐ DELETE

NAME **PRIVETTE, BEVERLY**

STREET ADDRESS **3550 BUSCHWOOD PARK DRIVE, STE 190**

CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO** ☐ Change ☒ Addition

1.2 NAME **John J Prisco**

1.3 STREET ADDRESS **7702 Woodland Center Blvd, Suite 50**

1.4 CITY-ST-ZIP **Tampa FL 33614**

2.1 TITLE **VP - Business operations** ☐ Change ☒ Addition

2.2 NAME **Mark D Damico**

2.3 STREET ADDRESS **7702 Woodland Center Blvd, Suite 50**

2.4 CITY-ST-ZIP **Tampa FL 33614**

3.1 TITLE **all officers and directors** ☒ Change ☐ Addition

3.2 NAME **new address**

3.3 STREET ADDRESS **7702 Woodland Center Blvd, Suite 50**

3.4 CITY-ST-ZIP **Tampa FL 33614**

4.1 TITLE **Chairman** ☒ Change ☐ Addition

4.2 NAME **Michael A Viren**

4.3 STREET ADDRESS **7702 Woodland Center Blvd, Suite 50**

4.4 CITY-ST-ZIP **Tampa FL 33614**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

813-935-8866

Date

Daytime Phone #

CR2E034 (11/98)