


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

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90001 001 ***558.75

0384438

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000004055			
1. Corporation Name ADVANCED BROADBAND SYSTEM SERVICES, INC.			
Principal Place of Business 412 E. MADISON STREET, STE 1110 TAMPA FL 33602		Mailing Address 412 E. MADISON STREET, STE 1110 TAMPA FL 33602	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
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 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 CD <input type="checkbox"/> DELETE NAME HAI SLIP, WALLY STREET ADDRESS 4250 INTERNATIONAL BLVD CITY-ST-ZIP NORCROSS GA		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Zip = 30091	
TITLE T <input checked="" type="checkbox"/> DELETE NAME BENFIELD, BRYAN STREET ADDRESS 4261 COMMUNICATIONS DRIVE CITY-ST-ZIP NORCROSS GA		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME HAINZ, GARY 2.3 STREET ADDRESS 412 E. MADISON STREET, STE 1110 2.4 CITY-ST-ZIP TAMPA, FL 33602	
TITLE S <input type="checkbox"/> DELETE NAME BERGMAN, NORMA STREET ADDRESS 4261 COMMUNICATIONS DRIVE CITY-ST-ZIP NORCROSS GA		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Zip = 30091	
TITLE AS <input type="checkbox"/> DELETE NAME RAGER, KARI STREET ADDRESS 412 E MADISON STREET, STE 1110 CITY-ST-ZIP TAMPA FL		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Zip = 33602	
TITLE PD <input type="checkbox"/> DELETE NAME BRAKEFIELD, RICHARD M STREET ADDRESS 412 E MADISON ST., STE 1110 CITY-ST-ZIP TAMPA FL		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Zip = 33602	
TITLE D <input type="checkbox"/> DELETE NAME ENTERLINE, LARRY STREET ADDRESS 4261 COMMUNICATIONS DRIVE CITY-ST-ZIP NORCROSS GA		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Zip = 30091	

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/99

813-307-0798

Date

Daytime Phone #

CR2E034 (11/98)