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

\_L¥ROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800004055

1, Corporation Name

ADVANCED BROADBAND SYSTEM SERVICES, INC.

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

06-25-1999 90001 001 \*\*\*558.75



Principal Place of Business Mailing Address						
412 E. MADISON STREET. STE 1110 412 E. MADISON STREET.			TREET, STE 1110	)		
TAMPA FL 33602 TAMPA FL 33602				}		DO NOT WRITE IN THIS SPACE
}						3. Date Incorporated or Qualifed
						07/16/1998
a Dringing Di	loop of Business	2a. Mailing Addres	<u> </u>			4. FEI Number Applied For
L.T			•			58-2367713 Not Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.			to			\$2.75 Additional
			το.			5. Certificate of Status Desired Fee Required
22     27     City & State   City & State						6. Election Campaign Financing S5.00 May Be
						Trust Fund Contribution Added to Fees
23     28			Cou	Country		8. This corporation owes the current year Intangible
24	25	29	¬ '			Personal Property Tax.
24	g. Name and Address of Current	_ <del></del>	1301			10. Name and Address of New Registered Agent
9. Name and Address of Content Registered Agent				81	Name	······
C T CORPORATION SYSTEM						
1200 SOUTH PINE ISLAND ROAD				82	Street A	Address (P.O. Box Number is Not Acceptable)
PLAN	NTATION FL 33324			83	<b> </b>	<u></u>
					ĺ	
}				84	City	FL 85 Zip Code
44. 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: Reg				Ágent	it signature re	required when reinstating) DATE
12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	☐ DEL	13. ETE 1.1 TII	ιŧ		Change Addition
NAME	HAISLIP, WALLY		1.2 NA	ME		
STREET ADDRESS	4250 INTERNATIONAL BLVD		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	NORCROSS GA		1.4 CI			719 = 30097
TITLE	T	<b>X</b> DEL				☐ Change 🔀 Addition
NAME	BENFIELD, BRYAN		2.2 NA		ľ	HAINZ, GARY
STREET ADORESS	4261 COMMUNICATIONS DRIVE	:			ADDRESS	- to a supplied ampet the 1110
Į į	NORCROSS GA	•	2.4 Cl			TAMPA, FL 33602
CITY-ST-ZIP	S	☐ DEL			1-21	☐ Change ☐ Addition
NAME	BERGMAN, NORMA	_ 522	3.2 NA			_ , _
}	4261 COMMUNICATIONS DRIVE	:	5		TADDRESS	
STREET ADDRESS	NORCROSS GA	•				7.10001
CITY-ST-ZIP TITLE	AS	DEL	3.4. CI ETE 4.1 TIT	_	1-21	☐ Change ☐ Addition
1 1	RAGER, KARI		4.1 III			Manage Distance
(NAME	412 E MADISON STREET, STE	1110	- 8			
STREET ADDRESS		1110			ADDRESS	2·P= 33602
CITY-ST-ZIP	TAMPA FL PD	☐ DEL	4.4 CF		-ZIP	M Change ☐ Addition
TITLE	· · ·	☐ DEE	5.1 TIT 5.2 NA		-	My change ☐ Addition
NAME	BRAKEFIELD, RICHARD M				FADDRESS	
STREET ADDRESS	412 E MADISON ST., STE 1110					Z1P= 33602
CITY-ST-ZIP	TAMPA FL	<u> </u>	5.4 CF		-ZIP	
TITLE	D SAFEDURE LADDY	☐ DEL				M Change ☐ Addition
NAME	ENTERLINE, LARRY	_	6.2 NA		_ [	
STREET ADDRESS	4261 COMMUNICATIONS DRIVE		6.3 ST	REET	ADDRESS	

NORCROSS GA

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. CITY-ST-ZIP



813-307-0798