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

DOCUMENT # F98000004458

ARBOR COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

1133 FOURTH ST. SUITE 310

1133 FOURTH ST. SUITE 310

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90057 020 ***150.00



SARASOTA FL 34236		SARASOTA FL 34236		DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 08/06/1998		
2. Principal Pl	lace of Business	2a. Mailing Address		_ 4. FEI Number	Applied For	
1424	STATE STOFET	26 1424 STATE	STREE	52-2090160	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
27			5. Certificate of Status Desired	Fee Required		
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23 SALASOTA 28 SALASOTA				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	3423	8. This corporation owes the current year Intan	gible	
14 FL	25 34236	29 FL 30	2725	Personal Property Tax.	☐Yes ☐No	
1	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Ag	jent	
8						
Branton, roger G			92 Street Address (P.O. Box Number is Not Acceptable)			
1133 FOURTH ST, SUITE 310			82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
				·		
		ي والم	84 City	FL	85 Zip Code	
44 Durament	to the provinces of Sections 607 0502	and 607 1508. Florida Statutes, th	e above-named	comporation submits this statement for the nurpose of ch	anging its registered	
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	•	<u></u>				
	Signature, typed or printed name of registered agent a			required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	VTD	☐ DELETE 1.	.1 TITLE	· ·	☐ Addition	
NAME	Branton, Roger G	1.	2 NAME			
STREET ADDRESS	1133 FOURTH ST, SUITE 310	1.	3 STREET ADDRESS	1424 SPATE STUCET		
CITY-ST-ZIP	SARASOTA FL 34236	1.	4 CITY-ST-ZIP	1424 STATE STACET SANSOTA, FL 34236		
TITLE	PD	☐ DELETE 2	1 TITLE		☑enange ☐ Addition }	
NAME	SCRUGGS, DAVID C	. 2	2 NAME			
STREET ADDRESS	3472 COMO ST	2	3 STREET ADDRESS	1424 STATE STREET	***	
	PORT CHARLOTTE FL 33942		. 4 CITY-ST-ZIP	SADASTOR F1 34236	İ	
CITY-ST-ZIP TITLE	S		J TITLE	2.10,0077, 2 2 722	Priange Addition	
	•		2 NAME			
NAME	DORSETT, STEVE	1		14211 STATE STATE		
STREET ADDRESS	1133 FOURTH ST, SUITE 310		.3 STREET ADDRESS	1424 STATE STREET 84MSOOM, FL 3423		
CITY-ST-ZIP	SARASOTA FL 34236		.4. CITY-ST-ZIP	84148004,7C 3/2	Change Addition	
TITLE		☐ DELETE 4	.1 TITLE		Citalige Addition	
NAME		4	, 2 NAME			
STREET ADDRESS	•	4	.3 STREET ADDRESS			
CITY-ST-ZIP		4	.4 CITY-ST-ZIP			
TITLE		☐ DELETE 5	.1 TITLE		☐ Change ☐ Addition	
NAME		5.	2 NAME			
STREET ADDRESS		5	3 STREET ADDRESS			
CITY-ST-ZIP		5	4 CITY-ST-ZIP			
TITLE		☐ DELETE 6	A TITLE		☐ Change ☐ Addition	
			2 NAME			
NAME			.3 STREET ADDRESS			
STREET ADDRESS		°	JIIILLI PUUNESS]		

14. 1 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 area ment with an address, with all other like empowered.

SIGNATURE:

71 WINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR