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 # 1. Corporation Name F98000004662

ITC COMMUNICATIONS COMPANY

F 1111	υįρ	ai Flace Ui L	Jusiik	203	
1800	E.	MCFADDEN	AVE.	SUITE	250

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90049 040 ***150.00



Principal Plac	e of Business	Mailing Addre	SS			
1800 E. MCFADDEN AVE. SUITE 250 SANTA ANA CA 92705		1800 E. MCFAI	1800 E. MCFADDEN AVE. SUITE 250 SANTA ANA CA 92705			
		SANTA ANA C				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						08/17/1998
2 Principal 5	Place of Business	2a. Mailing Ac	ldress			4. FEI Number Applied For
⊸ '	race of business	26	uress			33-0804990 Not Applicab
21 Suite, Apt	# etc	Suite, Apt.	# etc.			_ \$8.75 Additional
	. F, 610.	27	n, 0.0.			5. Certificate of Status Desired
City & Sta	te	City & Sta				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zíp	Co	untry		8. This corporation owes the current year Intangible
24	25	29	30	_		Personal Property Tax.
	9. Name and Address of Curre			\top		10. Name and Address of New Registered Agent
				81	Name	
COF	rporation service compan	Υ		82	Chant A	Address (P.O. Box Number is Not Acceptable)
120	1 HAYS STREET			02	SueerA	Audress (F.O. Box Natiliber is Not Acceptable)
TAL	LAHASSEE FL 32301-2525			83		
						lool 7% Onto
				84	City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508. Flo	orida Statutes, the	above	-named co	corporation submits this statement for the purpose of changing its registered
office or i	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida: Such ch:	ange was authorize	γd h∨	the corpor	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE			More B. L.	4 4	ala - 1 - 1 - 1 - 1	equired when reinstating) DATE
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	(NOTE: Register		signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CPT			TITLE		PRESIDENT . Change Addit
	GERSHENSON, NED.			VAME	ĺ	Robert Cook
NAME	AAAA E MOEADDEN AVE ON	UTC-450			ADDRESS	14252 CUINCR DR St A-530
STREET ADDRESS		TIE 230-4			1	
CITY-ST-ZIP	SANTA ANA CA 92705	——————————————————————————————————————		CITY-SI TITLE	-ZIP	V-70
TITLE	D D		**			DIRECTOR
NAME	FISHER, DORIS	The Cha		NAME		DAN FISHER 14252 Culver Dr. Suite A-530
STREET ADDRESS	1800 E. MCFADDEN AVE. SU	HE 250			ADDRESS	7252 COVO DR. CO
CITY-ST-ZIP	SANTA ANA CA 92705			CITY-S		TRUING CA 92604
TITLE	S	ب		IIILE	1.	
NAME	HALE, MAR-C.			VAME		secretary 14252 Culver DR Ste A-530
STREET ADDRESS	1000 - 100	IIE 250		-	I .	
CITY-ST-ZIP	SANTA ANA CA 92705			CITY-S	I-ZIP	TRVINE CA 921004
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NAME			1	NAME		
STREET ADDRESS	}				ADDRESS	
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CITY-ST-ZIP				CITY-ST	- ZIP	
TITLE				MLE	}	Change Addit
NAME			6.2	NAME	-	•
STREET ADDRESS			6.3	STREET	ADDRESS	
	}		E 4 4	2/TV- 87	ا مرح.	

14. I hereby certify that the information supplied with this filling 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 results of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 report is true and accurate and that my name appears in all other like empowered.

SIGNATURE:

714 245 1616

CR2E034 (11/98)