


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

06-25-1999 90013 005 \*\*\*150.00

08-20-1999 90001 022 \*\*\*400.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F98000005282</b>					
<b>1. Corporation Name</b> <b>RAINBOW COMMUNICATIONS LIMITED CORPORATION</b>					
<b>Principal Place of Business</b> <b>840 NE 20TH DRIVE</b> <b>FT LAUDERDALE FL 33305</b>			<b>Mailing Address</b> <b>840 NE 20TH DRIVE</b> <b>FT LAUDERDALE FL 33305</b>		
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>3. Date Incorporated or Qualified</b> <b>09/21/1998</b>					
<b>2. Principal Place of Business</b> <b>21 2010 NW 35 St</b>		<b>2a. Mailing Address</b> <b>26 2010 NW 35 St.</b>		<b>4. FEI Number</b> <b>58-2412764</b>	
<b>22 Suite, Apt. #, etc.</b>		<b>27 Suite, Apt. #, etc.</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23 City &amp; State</b> <b>FT. LAUDERDALE, FL</b>		<b>28 City &amp; State</b> <b>FT. LAUDERDALE, FL</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24 Zip</b> <b>33309</b>		<b>29 Zip</b> <b>33309</b>		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25 Country</b> <b>USA</b>		<b>30 Country</b> <b>USA</b>			
<b>9. Name and Address of Current Registered Agent</b> <b>BRIDGES, TIMOTHY W</b> <b>840 NE 20TH DR.</b> <b>FT LAUDERDALE FL 33305</b>			<b>10. Name and Address of New Registered Agent</b>		
<b>81 Name</b>					
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>2010 NW 35 St.</b>					
<b>83</b>					
<b>84 City</b> <b>FT. LAUDERDALE</b>			<b>85 Zip Code</b> <b>33309</b>		
<b>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.</b>					
<b>SIGNATURE</b> <i>[Signature]</i> <b>DATE</b> <b>6/20/99</b>					
<b>12. OFFICERS AND DIRECTORS</b>					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
<b>1.1 TITLE</b> <b>PCD</b>			<b>1.1 TITLE</b> <b>PRESIDENT</b>		
<b>1.2 NAME</b> <b>BRIDGES, TIMOTHY W</b>			<b>1.2 NAME</b> <b>TIMOTHY W. BRIDGES</b>		
<b>1.3 STREET ADDRESS</b> <b>840 NE 20TH DR.</b>			<b>1.3 STREET ADDRESS</b> <b>2010 NW 35 St.</b>		
<b>1.4 CITY-ST-ZIP</b> <b>FT LAUDERDALE FL</b>			<b>1.4 CITY-ST-ZIP</b> <b>FT. LAUDERDALE, FL 33309</b>		
<b>2.1 TITLE</b> <b>Vice President</b>			<b>2.1 TITLE</b> 		
<b>2.2 NAME</b> <b>GARY Allen KUSUNA</b>			<b>2.2 NAME</b> 		
<b>2.3 STREET ADDRESS</b> <b>2010 NW 35 St.</b>			<b>2.3 STREET ADDRESS</b> 		
<b>2.4 CITY-ST-ZIP</b> <b>FT. LAUDERDALE, FL 33309</b>			<b>2.4 CITY-ST-ZIP</b> 		
<b>3.1 TITLE</b> 			<b>3.1 TITLE</b> 		
<b>3.2 NAME</b> 			<b>3.2 NAME</b> 		
<b>3.3 STREET ADDRESS</b> 			<b>3.3 STREET ADDRESS</b> 		
<b>3.4 CITY-ST-ZIP</b> 			<b>3.4 CITY-ST-ZIP</b> 		
<b>4.1 TITLE</b> 			<b>4.1 TITLE</b> 		
<b>4.2 NAME</b> 			<b>4.2 NAME</b> 		
<b>4.3 STREET ADDRESS</b> 			<b>4.3 STREET ADDRESS</b> 		
<b>4.4 CITY-ST-ZIP</b> 			<b>4.4 CITY-ST-ZIP</b> 		
<b>5.1 TITLE</b> 			<b>5.1 TITLE</b> 		
<b>5.2 NAME</b> 			<b>5.2 NAME</b> 		
<b>5.3 STREET ADDRESS</b> 			<b>5.3 STREET ADDRESS</b> 		
<b>5.4 CITY-ST-ZIP</b> 			<b>5.4 CITY-ST-ZIP</b> 		
<b>6.1 TITLE</b> 			<b>6.1 TITLE</b> 		
<b>6.2 NAME</b> 			<b>6.2 NAME</b> 		
<b>6.3 STREET ADDRESS</b> 			<b>6.3 STREET ADDRESS</b> 		
<b>6.4 CITY-ST-ZIP</b> 			<b>6.4 CITY-ST-ZIP</b> 		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/99

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