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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90119 047 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005596

1. Corporation Name

PREMIERE NETWORK SERVICES, INC.



Principal Place of Business

1510 N. HAMPTON. STE. 210
DESOTO TX 75115

Mailing Address

1510 N. HAMPTON. STE. 210
DESOTO TX 75115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

75-2114047

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE C
NAME ERBS, HAROLD
STREET ADDRESS 5130 BRAESHEATHER
CITY-ST-ZIP HOUSTON TX 77096-4106

TITLE CP
NAME WROBEL, LEO A
STREET ADDRESS 100 OVILLA OAKS DR.
CITY-ST-ZIP OVILLA TX 75154

TITLE D
NAME ATKINSON, SCOTT
STREET ADDRESS 15119 ROCK RIVER
CITY-ST-ZIP SAN ANTONIO TX 78247

TITLE D
NAME CROOM, ARCHIE
STREET ADDRESS 5013 STRICKLAND AVE.
CITY-ST-ZIP THE COLONY TX 75056

TITLE D
NAME MAYBAUM, BILL
STREET ADDRESS 25 GOODALE ST.
CITY-ST-ZIP MARLBOROUGH MA 01752

TITLE S
NAME WROBEL, SHARON
STREET ADDRESS 100 OVILLA OAKS DR.
CITY-ST-ZIP OVILLA TX 75154

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Howard Bryan Bonham
801 N. Pitt Street - #318
Alexandria, VIRGINIA 22314

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1999 (972)
228-8881

Date

Daytime Phone #