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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90066 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000007001**

1. Corporation Name
BASIS COMMUNICATIONS CORPORATION



Principal Place of Business	Mailing Address
3100 WEST WARREN AVENUE, SUITE A FREMONT CA 94538	3100 WEST WARREN AVENUE, SUITE A FREMONT CA 94538

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1998

4. FEI Number **94-3315610** 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

CORPORATE ACCESS INC.
236 EAST 6TH AVE.
TALLAHASSEE FL 32303

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	SHEALY, MICHAEL D	
STREET ADDRESS	3100 WEST WARREN AVENUE, SUITE A	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRIN, PATRICK J	
STREET ADDRESS	3100 WEST WARREN AVENUE, SUITE A	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKINSON, LLOYD	
STREET ADDRESS	3100 WEST WARREN AVENUE, SUITE A	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHOU, KEVIN S ESQ.	
STREET ADDRESS	TWO PALO ALTO SQUARE	
CITY-ST-ZIP	PALO ALTO CA 94306	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Patrick J. Morrin* SIGNATURE **PATRICK J MORRIN** 3/25/99 (510) 624 7605

CR2E034 (1.1/98)