CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)DIAL DIRECTORIES, INC. Mailing Address Principal Place of Business 2401 W BAY DR 2401 W BAY DR STE 430 STE 430 DO NOT WRITE IN THIS SPACE **LARGO FL 34640 LARGO FL 34640** 3. Date Incorporated or Qualified 06/17/1987 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2815360 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation owes or has paid the current year Intangible 23/10-400 33110-4900 25 Personal Property Tax due June 30. X Yes 29 30 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name Kaslander, Paul J. 2401 W BAY DR Street Address (P.O. Box Number is Not Acceptable) **STE 430** 63 **LARGO FL 34640** 84 City 33110-4000 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition DPS ☐ DEL**ete** 1.1 TITLE TITLE KASLANDER, PAUL J. 1.2 NAME NAME 2401 W BAY DR STE 430 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE ĎΤ 2.1 TITLE TITLE KASLANDER, ANNE DAVIS 2.2 NAME NAME 2401 W BAY DRIVE STE 430 2.3 STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

3/22/98

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