FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

28

29

Zio

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

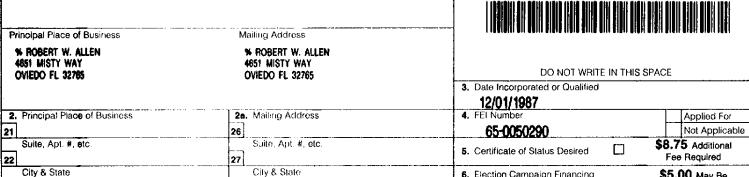
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name K04266

(8)

U.S. NETWORK, INC.

n



30

24 25 9. Name and Address of Current Registered Agent ALLEN, ROBERT W. 4651 MISTY WAY

OVIDEO FL 32765

Country

23

Zip

	i ·	on Campaign Financing Fund Contribution			JU May Be ed to Fees	
ountry		orporation owes or has p nal Property Tax due Jur		nt year Yes	Intangible No	
	10. Name	and Address of New F	Registered A	gent		
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
84	City		FL	85 Z	ip 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, typod or profed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DPS DELETE Change Addition TITLE 11 TITLE ALLEN, ROBERT W. NAME 12 NAME 4651 MISTY WAY 1.3 STREET ADDRESS STREET ADDRESS OVIEDO FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21100E TITLE NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3 2 NAME NAMÉ 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$1-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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.

6.4 CITY - ST - ZIP

000+11

4/22/00