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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K30057** (9)
1. Corporation Name
AMERICAN DIGITAL SWITCHING, INC.



Principal Place of Business Mailing Address
**4255 DOW RD
MELBOURNE FL 32934
US** **4255 DOW RD
MELBOURNE FL 32934-8218
US**

3. Date Incorporated or Qualified **07/29/1988** 3a. Date of Last Report **01/26/1996**

21. Principal Place of Business 4450 C ENTERPRISE COURT Suite, Apt. #, etc.	22. City & State MELBOURNE, FL	23. Zip 32934	24. Country US	25. Suite, Apt. #, etc.	26. City & State MELBOURNE, FL	27. Zip 32934	28. Country US	29. Applied For <input type="checkbox"/> Not Applicable	30. Applied For <input type="checkbox"/> Not Applicable
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4. FEI Number **59-2906691**

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent MITCHELL, BRUCE A. 1825 S RIVERVIEW DR MELBOURNE FL 32901				10. Name and Address of New Registered Agent			
81. Name	JULIE L. HARDESTY			82. Street Address (P.O. Box Number is Not Acceptable)	1461 MANZANITA STREET NW		
83. City	PALM BAY			84. Zip Code	FL 32907		

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]* **JULIE L. HARDESTY, DIR. FINANCE** 02/25/97
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSTROW, RICHARD F			1.2 NAME			
STREET ADDRESS	471 TRIER ROAD NW			1.3 STREET ADDRESS			
CITY - ST - ZIP	PALM BAY FL			1.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D C S T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JENSEN, MICHAEL D.			2.2 NAME	GARNER, DUDLEY		
STREET ADDRESS	404 SCHOLL ST			2.3 STREET ADDRESS	1615 WEST NASA BLVD		
CITY - ST - ZIP	AMERY WI			2.4 CITY - ST - ZIP	MELBOURNE, FL 32901		
TITLE	DST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCONNELL, JAMES W.			3.2 NAME			
STREET ADDRESS	7867 N. WICKHAM RD #1419			3.3 STREET ADDRESS			
CITY - ST - ZIP	MELBOURNE FL			3.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EICHLER, EDWIN H.			4.2 NAME			
STREET ADDRESS	7218 GIERGER ROAD			4.3 STREET ADDRESS			
CITY - ST - ZIP	PIGEON MI			4.4 CITY - ST - ZIP			
TITLE	DC	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODY, JOHN			5.2 NAME			
STREET ADDRESS	300 FOURTH ST			5.3 STREET ADDRESS			
CITY - ST - ZIP	MT VIEW WY			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE *[Signature]* **RICHARD F. OSTROW** 02/25/97 (407) 259-4250
DAYTIME PHONE #
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)