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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	2. Principal Place of Business <b>4450 C ENTERPRISE COURT</b> Suite, Apt. #, etc.	26	2a. Mailing Address <b>4450 C ENTERPRISE COURT</b> Suite, Apt. #, etc.	4.	FEI Number <b>59-2906691</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State <b>MELBOURNE, FL</b>	27	City & State <b>MELBOURNE, FL</b>	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip <b>32934</b> Country <b>US</b>	28	Zip <b>32934</b> Country <b>US</b>	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MITCHELL, BRUCE A. 1825 S RIVERVIEW DR MELBOURNE FL 32901</b>				10. Name and Address of New Registered Agent			
				81	Name <b>JULIE L. HARDESTY</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>1461 MANZANITA STREET NW</b>		
				83			
				84	City <b>PALM BAY</b>	85	Zip Code <b>FL 32907</b>

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  
Signature of registered agent or person authorized to accept appointment and title of appointee. (NOTE: Registered Agent's signature required when remaining.) DATE

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

CR2E034 (9/96)