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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K30057 1. Corporation Name

AMERICAN DIGITAL SWITCHING, INC.

Principal Place of Business Mailing Address								
4450 C ENTERPRISE CT 44		4450 C ENTERPRISE COURT			ļ			
MELBOURNE FL 32934		MELBOURNE FL 32934			DO NOT WRITE IN THIS SPACE			
US		us	US		3. Date Incorporated or Qualifed			
					07/29/1988			ļ
<del></del>		O- Mailie a Address			4. FEI Number			oplied For
Principal Place of Business     2a. Mailing Address							_ <del> -  </del>	ot Applicable
		26 Suite Ant # oto	Suite, Apt. #, etc.		59-2906691		\$8.75	
Suite, Apt. #, etc.		<u>⊢</u>	¬ ' '		5. Certifcate of Status Desired		Fee Re	
22		City & State	City & State		5 Floring Compiler Figureins		\$5.00	<u> </u>
City & State		<u>├</u>	<del></del> -1		6. Election Campaign Financing Trust Fund Contribution			to Fees
		[28]	Country		8. This corporation owes the curre	nt vear Intan		
Zip	_ `	29 30		,	Personal Property Tax.	nt your intain	Yes	□No
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Ro		<u> </u>	
	5. Name and Address of Conte	ant Registered Agent	81	Name		<u> </u>		
HARDESTY, JÜLIE				<u> </u>				
	MANZANITA ST NW		82	Street	Address (P.O. Box Number is Not Acceptal	ole)		1
PALI		83	<del> </del>					
	W 2011 1 E 0 E 0 E 0 E		"	1 _				
			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								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement to the purpose of changing in Sections 607.0502 and 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement to the purpose of changing in Sections 607.0502 and								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					required when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	7PS IN 12
		ND DIRECTORS  ☐ DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	P	- Dettic			•	•		_
NAME	OSTROW, RICHARD F		1.2 NAME					}
STREET ADDRESS	471 TRIER ROAD NW			T ADDRESS				`
CITY-ST-ZIP	PALM BAY FL	O DELETE	1.4 CITY-5	ST-ZIP	<del></del>		Change	Addition
I ΠΊLE	DS	☐ DELETE	2.1 TITLE		,	1	01102.190	
NAME	FARLEY, GEORGE		2.2 NAME					
STREET ADDRESS	4450 C ENTERPRISE CT		2.3 STREE	TADDRESS				
CITY-\$T-ZIP	MELBOURNE FL 32934		2. 4 CITY-	ST-ZIP	<u></u>		765	Addition
TITLE		☐ DELETE	3.1 TITLE			l	Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.3 STREE	T ADDRESS			•	• • •
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		)	ļ	Change	☐ Addition
NAME	•		4. 2 NAME					
STREET ADDRESS	l .		4.3 STREE	T ADDRESS				ł
CITY+ST-ZiP	·		4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			[	Change	☐ Addition
NAME			5.2 NAME		\ <u>\</u>			•
STREET ADDRESS			5.3 STREE	ET ADDRESS	(			1
CITY-ST-ZIP	·		5.4 CITY-	ST-ZIP				
TITLE	1	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					f
STREET ADDRESS		Ì	6.3 STREE	ET ADDRESS				Į
					1			

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:

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90133 049 \*\*\*150.00