FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 10:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L11268 (4)

1. Corporate Name

LARSEN COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
2180 S.R. 434, W. SUITE 2130 LONGWOOD FL 32779 US	2180 S.R. 434, W. SUITE 2130 LONGWOOD FL 32779 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1989
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-0974909 — Applied For / Not Applicable

2. Principal Place of Business: 21 2180 State Road 434 West

2a. Mailing Address: 26 2180 State Road 434 West

Suite, Apt # etc.: 22 / 27

City & State: 23 / 28

Zip: 24 / 29 Country: 25 / 30

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	10. Name and Address of New Registered Agent
LARSEN, DAVID H. 2180 S.R. 434, W. SUITE 2130 LONGWOOD FL 32779	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2180 State Road 434 West 83 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 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] 5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	1 TITLE	[X] Change [ ] Addition
NAME	LARSEN, DAVID H	1 NAME	
STREET ADDRESS	2180 S.R. 434, W., STE. 2130	1 STREET ADDRESS	2180 State Road 434 West
CITY-ST-ZIP	LONGWOOD FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 Date (407) 862-5781 Daytime Phone #

0044808 CP