

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18566

(0)

1. Corporation Name

GOLDEN COMMUNICATIONS, INC.

Principal Place of Business

450 E LAS OLAS BLVD
SUITE 1200
FT. LAUDERDALE FL 33301
US

Mailing Address

450 E LAS OLAS BLVD
SUITE 1200
FT. LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1988

4. FEI Number

38-2795884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

110 S.E. 6th Street

Suite, Apt. #, etc

20th Floor

City & State

Fort Lauderdale, FL

Zip

33301

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PAS ☒ DELETE

NAME HUIZENGA, H. WAYNE JR
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VS ☒ DELETE

NAME HANDLEY, RICHARD L.
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VAS ☒ DELETE

NAME CLEMENTS, THOMAS A.
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☒ DELETE

NAME HENNINGER, ROBERT J. JR.
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME P. Huizenga, H. Wayne Jr.
1.2 NAME
1.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

2.1 TITLE ☐ Change ☒ Addition

NAME D Hudson, Harris W.
2.2 NAME
2.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

3.1 TITLE ☐ Change ☒ Addition

NAME VS Cole, James O.
3.2 NAME
3.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

4.1 TITLE ☐ Change ☒ Addition

NAME T Hyle, Kathleen
4.2 NAME
4.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

5.1 TITLE ☐ Change ☒ Addition

NAME AS Jameson, John
5.2 NAME
5.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor
5.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

6.1 TITLE ☐ Change ☒ Addition

NAME AS Barclay, David A.
6.2 NAME
6.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor
6.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James O. Cole 2/2/98 954-769-7221

Date

Daytime Phone #

0269910

CR2E034 (10/97)