e namena a la coma nación doca doca acesa acid delle delle la lace delle la lace delle la lace delle la lace d

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

	`#		$\Delta = \Delta \Delta$
DOCUMENT	#	$\boldsymbol{\nu}$	Xhhh
4. Corneration Name			

GOLDEN COMMUNICATIONS, INC.

					1					
Principal Place	of Business	Mailing Address	····				IIB Altı BIBIL Atb	# # ####	VIVII #1	()
450 E LAS OLA	S BLVD	110 SE 6TH ST								
SUITE 1200	- 51 AAAA4	20TH FLOOR			'	DO NOT WRIT	TE IN THIS S	PACE	=	
FT. LAUDERDAL US	E FL 33301	FT. LAUDERDALE FL 33301 US	•		}	3. Date Incorporated or Qualifed	12 11 11 11 10 0	.,,,,,,		_
US		00			.	03/25/1988				
2 Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number			Apr	lied For
	E. 6th Street	26				38-2795884			Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.						\$8.	75 A	dditional
	Floor	27				5. Certifcate of Status Desired		Fe	ee Rec	quired`
City & State	e	City & State				6. Election Campaign Financing		\$5	.00	May Be
23 Ft. LO	juderdale, FL	28				Trust Fund Contribution		Ac	ded to	Fees
Zip	Country	Zip	_ Country	,		8. This corporation owes the curre				-
24 33301	25 USA	29 30	o <u> </u>			Personal Property Tax.		Yes	š	□No
	9. Name and Address of Current	Registered Agent	-			10. Name and Address of New R	Registered A	gent		
OT C	CODDODATION EVETEM		81	Name						
	CORPORATION SYSTEM S. PINE ISLAND ROAD		82	Street	Addres	ss (P.O. Box Number is Not Accepta	ible)			
	NTATION FL 33324		-	ļ						
PLAI	NIAHON FL 33324		83							
			84	City			FL	85	Zip C	ode
	to the provisions of Sections 607.0502	LOOT 4500 FL SI OLA MAN	Alexa Alexandria			rotion submits this statement for the		hangi	na its	registered
office or r	existered agent or both in the State o	of Florida. Such change was auth	ionzed by	the corpo	oration	i's board of directors. I hereby accep	of the appoint	ment	as reg	istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes	i.						
SIGNATURE	Signature, typed or printed name of registered agent	and the familiable (NOTE: Pr	anistered Ager	ot cionatura e	required v	when reinstating)	DATE			
12.	OFFICERS AN	, , , , , , , , , , , , , , , , , , , ,	13.	in aignature (requires in	ADDITIONS/CHANGES TO OF	FICERS AND	DIR	ECTO	R\$ IN 12
TITLE	P	☐ DELETE	1.1 TITLE		T^{-}			Ch		☐ Addition
NAME	HUIZENGA, H. WAYNE JR	ļ	1.2 NAME							
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR	ļ	1.3 STREE	T ADDRESS	,	,				
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-S	T-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE		\top			Ch	ange	☐ Addition
NAME	HUDSON, HARRIS W		2.2 NAME							
STREET ADDRESS	*** OF ATH OT AATH FLOOR		2.3 STREE	TADDRESS	;					
CITY-ST-ZIP	FT LAUDERDALE FL 33301		2. 4 CITY-S	ST-ZIP						
TITLE	VS	☐ DELETE	3.1 TITLE		T			Ch	ange	Addition
NAME	COLE, JAMES O		3.2 NAME							
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR		3.3 STREE	T ADDRESS	;					
CITY-ST-ZIP	FT LAUDERDALE FL 33301		3.4. CITY-5	ST-ZIP	<u></u>					
TITLE	T	C DELETE	4.1 TITLE					☐ Ch	ange	☐ Addition
NAME	HYLE, KATHLEEN		4. 2 NAME							
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR		4.3 STREE	TADORESS	; [
CITY-ST-ZIP	FT LAUDERDALE FL 33301		4.4 CITY-S	T-ZIP	<u> </u>					
TITLE	AS	☐ DELETE	5.1 TITLE		1			Ch	ange	Addition
NAME	JAMESON, JOHN		5.2 NAME							
STREET ADDRESS	110 SE 6TH ST, 20TH FLOOR			TADDRESS	:					
CITY-ST-ZIP	FT LAUDERDALE FL 33301		5.4 CITY+S	ST-ZIP	 					- A 1390
TITLE	AS	DELETE	6.1 TITLE					Ch	ange	☐ Addition
NAME	BARCLAY, DAVID A		6.2 NAME]					

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 corpogation 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

110 SE 6TH ST, 20TH FLOOR

FT LAUDERDALE FL 33301