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

DOCUMENT # P20308

DIGITEL CORPORATION

(3)

FILED PROFIT Jun 04 1997 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS

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Findiparenace of Business Mailing Address						* = * = * + * * * * * * * * * * * * * *	4:01. 611	*** ***** 1991			
			00 SCHOOL ROAD LANTA GA 30380-3158	3							
							3. Date Incorporated or Qualified 08/01/1988		ate of Last 18/1996		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For	
21		26					58-1536788 Not Applicable				
Suite, Apt.		27	Suite, Apt. #, etc				5. Certificate of Status Desired			Additional Required	
City & Stat	ite		City & State				6. Election Campaign Financing		\$5.0	0 May Be	
23		28					Trust Fund Contribution			d to Fees	
Zip	Country	Zip			untry	•	8. This corporation has liability for	intangible	tax under	s. 199.032,	
24	25 9. Name and Address of Curre	29	torod Ament	30	T			Yes [
		ııı neğis	tered Agent		81	Naros	10. Name and Address of New R	egistered	Agent		
	CORPORATION SYSTEM				01	Name					
	1200 S. PINE ISLAND ROAD				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)			
PLA	INTATION FL 33324				83						
					83						
					84	City			85 Zış	p Code	
44.5					Ш.			FL	_		
i Unice or	reuistered adeni. Or bosti in the Stat	e: cor e icario	ia, such charide was	Calul Ouze	id by	The comoc	rporation submits this statement for the alion's board of directors. Thereby acce	purpose o	f changing	its registered	
agent. I a	am familiar with, and accept the obli	gations of	, Section 607.0505, F	Iorida Sta	lules	i.i.b 001/poi.	and to some of an oblord. This oby acoc	pr nic apr	ZORIGITICITY C	is registered	
SIGNATURE						·					
12,	Signature, typed or printed name of registered at OFFICERS At			D1 Prigistere	d Aqr	of signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIDECT	200 111 40	
TITLE	PD	ALT ETIME	DELETE	111	IS LE		ADDITIONS/CHANGES TO OFFI	CERS AND	Change		
NAME	TATE, BRYAN C.			1.2 N					Cally	Audilion	
STREET ADDRESS	2600 SCHOOL DRIVE					ADDOLCC					
CITY-ST-ZIP	ATLANTA GA					ADDRESS					
TITLE	VD		DELETE	217	iTY-S	1 - ZIF			☐ Change	Addition	
NAME	TATE, WM. DOUGLAS			2.2 N					Orlange	, C Napitibil	
STREET ADDRESS	201 RAMBLEWOOD DRIVE					ADDRESS					
CITY-ST-ZIP	FAIRFIELD OH					71-7IP					
TITLE	SD		DELETE	3.1 TI		.,		<u> </u>	Change	Addition	
NAME	BLACK, PAMELA H.		•	3.2 N					5ago	bearing a resolution	
STREET ADDRESS	2600 SCHOOL DRIVE			· ·		ADDRESS					
CITY-ST-ZIP	ATLANTA GA					T-ZIP					
TITLE	1		DELETE	4.1 TI	····				Change	Addition	
NAME	ROGERS, PATRICIA G.		-	4. 2 N	IAME				·		
STREET ADDRESS	3084 GRAY ROAD			4.3 Si	THEFT	AODRESS					
CITY-ST-ZIP	SMYRNA GA				ny s						
TITLE	V		DELFTE	511					Change	Addition	
NAME	ISHEE, GEORGE			5.2 N	AME				_		
STREET ADDRESS	2600 SCHOOL DRIVE			5.3 ST	IREET	ADDRESS					
CITY-ST-ZIP	ATLANTA GA			5.4 CI							
TITLE			DELETE	6.1 1/					☐ Change	Addition	
NAME				6.2 N	AME				,		
STREET ADDRESS				6.3 S1	IREET	ADDRESS					
CITY-ST-ZIP				6.4 CI							

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 corporates 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 of the appears.