SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P23281** **(9)**

1. Corporation Name
TELE-COLUMBUS WORLD COMMUNICATIONS INC.

Principal Place of Business	Mailing Address
360 MADISON AVE 5TH FLOOR NEW YORK NY 10017 US	360 MADISON AVE 5TH FLOOR NEW YORK NY 10017 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/06/1989
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 515 East Amite St.	26 515 East Amite St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jackson, MS	City & State 28 Jackson, MS
Zip 24 39201-2702 Country 25 US	Zip 29 39201-2702 Country 30 US

4. FEI Number: 13-3499466 ☐ Applied For ☐ Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	SUDIKOFF, JEFFREY P	1.2 NAME	Bernard J. Ebbers	
STREET ADDRESS	10525 W WASHINGTON BLVD	1.3 STREET ADDRESS	515 East Amite St.	
CITY-ST-ZIP	CULVER CITY CA	1.4 CITY-ST-ZIP	Jackson, MS 39201-2702	
TITLE	PD	2.1 TITLE	CEO	☒ Change ☐ Addition
NAME	CHERAMY, EDWARD R	2.2 NAME	Bernard J. Ebbers	
STREET ADDRESS	10525 W WASHINGTON BLVD.	2.3 STREET ADDRESS	515 East Amite St.	
CITY-ST-ZIP	CULVER CITY CA	2.4 CITY-ST-ZIP	Jackson, MS 39201-2702	
TITLE	S	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	WERTLIEB, NEIL	3.2 NAME	Scott Sullivan	
STREET ADDRESS	10525 W WASHINGTON BLVD	3.3 STREET ADDRESS	515 East Amite St.	
CITY-ST-ZIP	CULVER CITY CA	3.4 CITY-ST-ZIP	Jackson, MS 39201-2702	
TITLE	T	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	HOCK, TJOA G	4.2 NAME	Scott Sullivan	
STREET ADDRESS	10525 W WASHINGTON BLVD.	4.3 STREET ADDRESS	515 East Amite St.	
CITY-ST-ZIP	CULVER CITY CA	4.4 CITY-ST-ZIP	Jackson, MS 39201-2702	
TITLE	D	5.1 TITLE	Director	☐ Change ☐ Addition
NAME	HARTZ, PETER F	5.2 NAME	Bernard J. Ebbers	
STREET ADDRESS	10525 W WASHINGTON BLVD.	5.3 STREET ADDRESS	515 East Amite St.	
CITY-ST-ZIP	CULVER CITY CA	5.4 CITY-ST-ZIP	Jackson, MS 39201-2702	
TITLE		6.1 TITLE	Director	☐ Change ☒ Addition
NAME		6.2 NAME	Charles T. Cannada	
STREET ADDRESS		6.3 STREET ADDRESS	515 East Amite St	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jackson, MS 39201-2702	

CR2E034 (3/95)

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(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, added or an attachment with an address.

SIGNATURE: _____ - Scott Sullivan 6/26/95 (601)-360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01217555 FF