

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

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Mar 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28684 (9)**

1. Corporation Name  
**AMERICAN NETWORK EXCHANGE, INC.**

Principal Place of Business <b>100 W LUCERNE CIR</b> <b>STE 100</b> <b>ORLANDO FL 32801</b> <b>US</b>	Mailing Address <b>101 PARK AVE</b> <b>STE 2507</b> <b>NEW YORK NY 10178-2507</b> <b>US</b>
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>03/29/1990</b>	<b>3a. Date of Last Report</b> <b>04/30/1996</b>
<b>4. FEI Number</b> <b>06-1303396</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> <b>UNITED CORPORATE SERVICES, INC.</b> <b>801 NORTHEAST 187TH STREET</b> <b>SUITE 300</b> <b>NORTH MIAMI BEACH FL 33162</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	<b>CFO</b> <b>STEUN, RICHARD</b> <b>100 W LUCERNE CIR.</b> <b>ORLANDO FL 32801</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Treasurer</b> <b>Stoun, Richard</b> <b>100 W. Lucerne Cir., Suite 100</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	<b>S</b> <b>GROSS, AMY S</b> <b>100 W LUCERNE CIR, Suite 100</b> <b>ORLANDO FL 32801</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	<b>D</b> <b>BARITZ, KENNETH</b> <b>100 W LUCERNE CIR, Suite 100</b> <b>ORLANDO FL 32801</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	<b>PD</b> <b>IZZO, PETER M JR</b> <b>100 W LUCERNE CIR,</b> <b>ORLANDO FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Director</b> <b>Izzo, Peter M., Jr.</b> <b>100 W. Lucerne Cir., Suite 100</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>President</b> <b>Kevin D. Griffo</b> <b>100 W. Lucerne Cir., Suite 100</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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:** \_\_\_\_\_ **Amy S. Gross, Secretary** **407/246-1234**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)