

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

FILED  
May 15 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 # **P28684** (9)  
1. Corporation Name  
**AMERICAN NETWORK EXCHANGE, INC.**



Principal Place of Business <b>100 W LUCERNE CIR STE 100 ORLANDO FL 32801 US</b>	Mailing Address <b>100 WEST LUCERNE CIR SUITE 100 ORLANDO FL 32801 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/29/1990</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>06-1303396</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>STOUN, RICHARD</b>
STREET ADDRESS	<b>100 W LUCERNE CIR., SUITE 100</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>GROSS, AMY S</b>
STREET ADDRESS	<b>100 W LUCERNE CIR., SUITE 100</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARITZ, KENNETH</b>
STREET ADDRESS	<b>100 W LUCERNE CIR., SUITE 100</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>IZZO, PETER M JR</b>
STREET ADDRESS	<b>100 W LUCERNE CIR., SUITE 100</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>GRIFFO, KEVIN D</b>
STREET ADDRESS	<b>100 W LUCERNE CIR., SUITE 100</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Fern D. Simmons</b>
1.3 STREET ADDRESS	<b>100 W. Lucerne Circle, Suite 100</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
2.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Guy A. Longobardo</b>
2.3 STREET ADDRESS	<b>100 W. Lucerne Circle, Suite 100</b>
2.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
3.1 TITLE	<b>VP-CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Cynthia I. Terrell</b>
3.3 STREET ADDRESS	<b>100 W. Lucerne Circle, Suite 100</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
4.1 TITLE	<b>VP-COO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Roy L. Schiele</b>
4.3 STREET ADDRESS	<b>100 W. Lucerne Circle, Suite 100</b>
4.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
5.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Ray Costa</b>
5.3 STREET ADDRESS	<b>100 W. Lucerne Circle, Suite 100</b>
5.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
6.1 TITLE	<b>VP-Sales</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Mark Arbeit</b>
6.3 STREET ADDRESS	<b>100 W. Lucerne Circle, Suite 100</b>
6.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>

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 \_\_\_\_\_ Richard A. Perry 4/23/98 407/246-1024

CR2E034 (10/97)

**American Network Exchange, Inc.**

**OFFICERS:**

<u>Office Held</u>	<u>Name</u>	<u>Business Address</u>
Assistant Secretary:	Renee A. Brandner	100 W. Lucerne Circle, #100 Orlando, FL 32801
Assistant Treasurer:	Richard Perry	100 W. Lucerne Circle, #100 Orlando, FL 32801

**DIRECTORS:**

Alan J. Rossi	100 W. Lucerne Circle, #100 Orlando, FL 32801
Ray Costa	100 W. Lucerne Circle, #100 Orlando, FL 32801
Roy L. Schiele	100 W. Lucerne Circle, #100 Orlando, FL 32801