

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90100 039 ***150.00

0000122

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P37434

1. Corporation Name
TRANS NATIONAL COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 133 FEDERAL ST
 BOSTON MA 02110
 US

Mailing Address
 133 FEDERAL ST
 BOSTON MA 02110
 US

3. Date Incorporated or Qualified
02/10/1992

4. FEI Number
04-3118141

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	FURBUSH, DOUGLAS D.
STREET ADDRESS	133 FEDERAL STREET
CITY-ST-ZIP	BOSTON MA
TITLE	S <input type="checkbox"/> DELETE
NAME	JACOBS, JUDITH I
STREET ADDRESS	133 FEDERAL ST
CITY-ST-ZIP	BOSTON MA
TITLE	T <input type="checkbox"/> DELETE
NAME	ROGOFF, BRUCE
STREET ADDRESS	133 FEDERAL ST
CITY-ST-ZIP	BOSTON MA
TITLE	D <input type="checkbox"/> DELETE
NAME	BELKIN, JOAN
STREET ADDRESS	2 CHARLESGATE WEST
CITY-ST-ZIP	BOSTON MA
TITLE	D <input type="checkbox"/> DELETE
NAME	ROGOFF, BRUCE E
STREET ADDRESS	133 FEDERAL ST
CITY-ST-ZIP	BOSTON MA
TITLE	D <input type="checkbox"/> DELETE
NAME	BELKIN, STEVEN
STREET ADDRESS	2 CHARLESGATE W
CITY-ST-ZIP	BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bruce Rogoff
1.3 STREET ADDRESS	133 Federal Street
1.4 CITY-ST-ZIP	Boston, MA 02110
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/17/99** Daytime Phone #: **617 389 1013**

CR2E034 (11/98)