CORPOR ANNUAL I	FIT RATION REPORT	FLORIDA DEPARTME Sandra B Mc Secretary of DIVISION OF CORI	NT OF STATE irtnam State			
OCUME orporation Nam POLARNE	NT # P3863 T COMMUNICATIONS	• •				
cipal Place of B OO CORPORATE IANALAPAN NJ	CENTER DRIVE	Mailing Address 300 Corporate Center Manalapan NJ 33726	DRIVE	3. Date incorporated or Qualified 05/05/1992	3a. Date	of Last Report 1/19/1995
	-1 Fluringer	2a. Maiing Address		4. FEI Number 95-4330672		Applied For Not Applicable
Principal Place	OI DOSITIOSS	26 Suite: Apt. #, etc.		Certificate of Status Desired		\$8.75 Additional Fee Required
Suite, Apt. #, e	etc	27		6. Election Campaign Financing		\$5.00 May Be
City & State		City & State		Trust Fund Contribution 8. This corporation has liability to		Added to Fees ax under s 199.032,
Zip	Country	Zip	Country	Clorida Statutes Y	es Line	
	9. Name and Address of Cur	1471	B1 Name	10. Name and Address of Nev	v Registered	Agent
			84 City		FI	l - 1 1
Pursuant to or registered familiar with SIGNATURE	d agent. or , if the ne obte	7 OSOS Florida Statutes.	Thy this companies	poration submits this statement for the located of directors. I hereby accept the	DATE OFFICERS AT	hanging its registered office as registered agent. I am NO DIRECTORS IN 12
or registered familiar with	diagent, or in the City and the obliners of the city and the city are	The change was automated a factorial and the change was automated and the change are change and the change and the change are change are change and the change are change are change and the change are change and the change are change are change are change and the change are	Purpower Agent Separation to	ADDITIONS/CHANGES TO	OFFICERS AT	hanging its registered office as registered agent. I am NO DIRECTORS IN 12
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SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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