SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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 AUG -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P38938** **(7)**

1. Corporation Name
US WATS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
111 PRESIDENTIAL BLVD. SUITE 114 BALA CYNWYD PA 19004 US	111 PRESIDENTIAL BLVD. SUITE 114 BALA CYNWYD PA 19004 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 05/12/1994
4. FEI Number: 22-3055962 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☒ Change ☐ Addition
NAME	BROWN, AARON	12 NAME	Mark Scully	
STREET ADDRESS	3388 MANOR RD.	13 STREET ADDRESS	ONE FRANKLIN TOWNE Bldg. 17th - Callowhill Apt. 2011	
CITY-ST-ZIP	HUNTINGDON VALLEY PA	14 CITY-ST-ZIP	Phila PA 19103	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	PARKER, STEPHEN	22 NAME		
STREET ADDRESS	ARBORDEAU 10F	23 STREET ADDRESS		
CITY-ST-ZIP	DEVON PA	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	CFO	☒ Change ☐ Addition
NAME	FLYNN, DONALD	32 NAME	Ward Schultz	
STREET ADDRESS	15 PINEY RUN ROAD	33 STREET ADDRESS	111 Presidential Blvd	
CITY-ST-ZIP	MEDFORD NJ	34 CITY-ST-ZIP	Bala Cynwyd PA 19004	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(k), 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: _____ CFO 8-1-95 610 660-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0176410 FP