PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39422

MH LIGHTNET OF FLORIDA, INC.

Principal Place of Business 1401 NORTHPOINT PARKWAY 2ND FLOOR

Mailing Address

1500 MARKET ST. 36TH FLOOR

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90012 016 ***150.00



WEST PALM BE	FACH EL 33407	PHILADELPHIA PA 19102-2148				DO NOT WRITE IN THIS SPACE	
TIEGI TALM DE	DOTT LE SONO?					3. Date incorporated or Qualifed	
						06/25/1992	
2. Principal P	lace of Business	2a. Mailing Ad	ddress			4. FEI Number Applied For	
21 26						65-0385648 Not Applicable	
Suite, Apt.	. #, etc.	, etc.		\$8.75 Additional			
22 27			—			5. Certificate of Status Desired Fee Required	
City & State	e		City & State			6. Election Campaign Financing S5.00 May Be	
23	•	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible	
24	25 29 30					Personal Property Tax. ☐ Yes ☐ No	
24	9. Name and Address of Curren	 ''		1		10. Name and Address of New Registered Agent	
	Traditional Control of the Control o			81	Name		
DUNBAR, PETER M.							
306 NORTH MONROE STREET				82 Street Addr		t Address (P.O. Box Number is Not Acceptable)	
	AHASSEE FL 32301		83				
IALL	AUDUCE I E UZUU ?			"			
				84	City	85 Zip Code	
					<u> </u>	FL S Z S S S S S S S S	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, FI	lorida Statutes,	the above	e-named	d corporation submits this statement for the purpose of changing its registered	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 60	07.0505, Florida	Statutes	uie corpu	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Re	gistered Ager	nt signature r	e required when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	2	DELETE	1.1 TITLE		P Addition	
NAME	BAXTER, THOMAS			1.2 NAME		Brian L. Roberts	
STREET ADORESS	1500 MARKET ST.			1.3 STREE	T ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102			1,4 CITY-S	T-7iP	Philadelphia, PA 19102	
TILE	V	Ė	1 DELETE	2.1 TITLE		Change Addition	
NAME	•			2.2 NAME		·	
	BACKSTROM, STEPHEN C.			t	T ADDRESS		
STREET ADDRESS	1500 MARKET ST.					*	
CITY-ST-ZIP	PHILADELPHIA PA 19102] DELETE	2. 4 CITY-5	ST-ZIP	Change Addition	
πι€	V .	L] DELETE	3,1 TITLE			
NAME	SMITH, LAWRENCE			3.2 NAME			
STREET ADDRESS	1500 MARKET ST.			3.3 STREE	TADDRESS	S	
CITY-ST-ZIP	PHILADELPHIA PA 19102			3.4. CITY-5	ST-ZIP	50.100	
TITLE	S DELETE 4		4.1 TITLE		Change Addition		
NAME	WANG, STANLEY			4. 2 NAME			
STREET ADDRESS	1500 MARKET ST. 4.33		4.3 STREE	TADDRESS	s		
CFTY-ST-ZIP	PHILADELPHIA PA 19102			4.4 CITY-S	T-ZIP		
TITLE	T			5.1 T(TLE		☐ Change ☐ Addition	
NAME	ALCHIN, JOHN			5.2 NAME			
STREET ADDRESS	1500 MARKET ST.			5.3 STREE	TADDRESS	s	
	4 .			5.4 CITY-S			
CITY-ST-ZIP	PHILADELPHIA PA 19102		DELETE -	6.1 TITLE		☐ Change ☐ Addition	
TITLE	D	L	JOELETE	6.2 NAME			
NAME	ROBERTS, RALPH			L	T 4 DODD===		
STREET ADDRESS	1500 MARKET ST.				TADORESS	8	
OTTAL OT 710	DUB ADELDUIA DA 10102			6.4 CITY-S	T-ZIP	1	

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.