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

Apr 22 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P93000012504 (5) DOCUMENT # EAGLE COMMUNICATION SERVICES, INC. Principal Place of Business Mailing Address 1909 DEBARRY AVE P.O. BOX 958 **ORANGE PARK FL 32073** ORANGE PARK FL 32067-0958 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3166689 21 Not Applicable Suite. Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 7ip Country Country This corporation owes or has paid the current year Intangible 25 Yes Personal Property Tax due June 30. 24 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRIFFIN, TERRY L 1909 DEBARRY AVE 82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 83 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE Change Addition GRIFFIN, TERRY L NAME 1909 DEBARRY AVE STREET ADORESS 1.3 STREET ADDRESS **ORANGE PARK FL** CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PASSWATER, CHERYL NAME 2.2 NAME 2142 AZALEA LANE STREET ADDRESS 2.3 STREET ADDRESS ORANGE PARK FL 32073 C11Y - \$1 - ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME

6.4 CITY - \$1 - ZIP CITY-ST-ZIF 14. Thereby 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 13 if chapter 607 and the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter 607 and the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter 607 and the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607. Block 12 or Block 13 if chart

SIGNATURE:

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