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

PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048415 (2)

THE MESSAGE ON HOLD NETWORK OF AMERICA, INC.

Principal Place of Business Mailing Address 2901 W. BUSCH BLVD. 2901 W. BUSCH BLVD. SUITE 206 SUITE 206 TAMPA FL 33618 TAMPA FL 33618-4519 3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1993 12/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 59-3193845 Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOGGS, DAVID M 111 MADISON ST **B2** Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33602 83 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 [amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. BOGGS DAVIO M. (Signature, typed or printed name of region (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE WALL, DOUGLAS NAME 1.2 NAME 2901 W. BUSCH BLVD. #206 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF DELETE Change Addition TITLE 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE TITLE 6.1 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

COURT D

14. I do hereby certify that the information supplied with this filling 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 chapted or on an attachment with an address.

FILED

Apr 21 1997 8:00am

Secretary of State