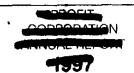
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078056 (7)

THE MESSAGE ON HOLD NETWORK, INC.

Principal Place of Business

The fig. Sphydron

₹

Mailing Address



98 JAN 27 AM 11: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



SUITE 1000			3. Date Incorporated or Qualified 11/05/1993	3a. Date of Last Report 08/16/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 BITG WOODLAND CTR		rin	ud c	59-3215287	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State 23 TAMPA, FL	City & State 28 TAMPA,	pe c		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	ZipZZ/10	Country	GA	8. This corporation has liability for it	
24 35619 25 DOM	29 796/9 30		914	Florida Statutes 10. Name and Address of New Reg	Yes No
9. Name and Address of Current I	reditteren waarr	81	Name	10. Manie and Address of Now Het	Signatura Agent
LANCASTER, BYRON					
SUITE 1000 2502 NORTH ROCKY POINT DR.			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
TAMPA FL 83007					
		84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607 0302 office or registered apoint, or both, in the State	and 607.1508, Florida Statutes, t	the above	e-named c	orporation submits this statement for the p	surpose of changing its registered
office or registered again, or both, in the State of agent. I am familia with, and accept the obligation	Florida, Such change was auth	orized by	the corpo	ration's board of directors. I hereby accep	of the appointment as registered
A IN IMENIA		YRO		AUCALITED .	1-73-98
SIGNATURE Stockholm, lyped or printed name of registered agents				equirea when reinstating)	DATE
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TIFLE	DELETE	1.1 TITLE	1	PREGIDENT	ERS AND DIRECTORS IN 12 Change Addition Change
NAME LANCASTER, BYRON		1.2 NAME			동
STREET ADDRESS 2502 NORTH ROCKY PT. DR.,	1000	1.3 STREET	ADDRESS	5000024	216454 🕍
CITY-ST-ZIP TAMPA FL 33607	The Part of the Pa	1.4 CITY - S	1 - ZIP		9801090004 <u>&</u>
TITLE V	DITETE	2.1 TITLE		****\$BB	1 00 Language Applition C
NAME SELIGMAN, JAMES R		22 NAME			
STREET ADDRESS 2502 N ROCKY PT DR #1000		2.3 STHEET	.		(
CITY-ST-ZIP TAMPA FL.	DELETE	2. 4 CITY - :	SI - ZIP		Dot Live
Title					☐ Change ☐ Addition
NAME		32 NAME			Į.
STREET ADDRESS		3.3 STREET			
CITY-ST-ZIF	DELFTE	3.4. CITY - 8 4.1 TITLE	11-ZIP		Change Addition
NAME .	4.2 NAMF		Builty from the fit. It will be proved the development for the con-	(
STREET ADDRESS		4.3 STREET	ADDRESS	REINSTATEME	NT 9'1-08
CITY-ST-ZIP •		4.4 CITY-S		COSCHA COS FOR REPARSE	
TITLE	DELETE	5 1 7(TLE			Change Addition
NAME	·	5.2 NAME	1		a. alan
STREET ADDRESS		5.3 STREET	ADDRESS		cr. alase
CITY-ST-ZIP		5.4 City - S			Jan. 27,19818
TITLE	DELETE	G.1 T(T) {			☐ Change ☐ Addition
NAME	ľ	6.2 NAME			
STREET ADDRESS		6.3 STREET	ADDRESS		Į
CITY-ST-ZIP		6.4 CITY-S	1-248-		
 I do hereby certify that the information supplies information indicated on this annual report of suplant and officer or director of the corporation on the appears in Block 12 or Block 13 if changed, or or 	plemental annual report is true a e receiver er trusted empowere	and accu	mption stat trate and th ute this rep	led in Section 119.07(3)(i), Florida Statutes hal my signature shall have the same legal port as required by Chapter 607, Florida St	effect as if made under eath; that tatutes; and that my name