

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

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AND  
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98 JAN 27 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000078056 (7)

1. Corporation Name

THE MESSAGE ON HOLD NETWORK, INC.

Principal Place of Business

SUITE 1000  
2502 NORTH ROCKY POINT DR.  
TAMPA FL 33607

Mailing Address

SUITE 1000  
2502 NORTH ROCKY POINT DR.  
TAMPA FL 33607-1449

3. Date Incorporated or Qualified  
11/05/1993

3a. Date of Last Report  
08/16/1996

2. Principal Place of Business

21 8176 WOODLAND CTR

2a. Mailing Address

26 8176 WOODLAND CTR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3215287

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LANCASTER, BYRON  
SUITE 1000  
2502 NORTH ROCKY POINT DR.  
TAMPA FL 33607

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 607.0302 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 607.0305, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LANCASTER, BYRON  
STREET ADDRESS 2502 NORTH ROCKY PT. DR., #1000  
CITY-ST-ZIP TAMPA FL 33607

TITLE V  
NAME SELIGMAN, JAMES R  
STREET ADDRESS 2502 N ROCKY PT DR #1000  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME  
1.3 STREET ADDRESS 500002421645--4  
1.4 CITY-ST-ZIP -02/04/98--01090--004

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Signature: typed or printed name of registered agent and title (if applicable)

17-17-97 817-807-0370

CP2E034 (9/96)