SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:46

DOCUMENT # P94000000285 (4)

1. Corporation Name
FLORIDA/U.S. DIGITAL NETWORKS, INC.

Principal Place of Business	Mailing Address
9 PLAZA DRIVE ORMOND BEACH FL 32176	9 PLAZA DRIVE ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3551 WEST LAKE MARY BLVD
22 Suite, Apt. #, etc.: STE. 210
23 City & State: LAKE MARY, FL.
24 Zip: 32746
25 County: SEMINOLE

2a. Mailing Address
26: 3551 WEST LAKE MARY BLVD.
27 Suite, Apt. #, etc.: STE 210
28 City & State: LAKE MARY, FL.
29 Zip: 32746
30 County: SEMINOLE

4. FEI Number: 59-3299887 ☐ 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

WARFEL, TIMOTHY J
215 S. MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: RICHARD HEINLE
82 Street Address (P.O. Box Number is Not Acceptable): 111 N. ORANGE AVE.
83:
84 City: ORLANDO FL 85 Zip Code: 32802

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: Elder N. Ripper III 6-19-95
Signature of (and typed or printed name of registered agent) for application (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT / DIRECTOR	☑ Change ☐ Addition
NAME	RIPPER, ELDER N III	12 NAME	ELDER N. RIPPER III	
STREET ADDRESS	9 PLAZA DRIVE	13 STREET ADDRESS	3551 WEST LAKE MARY BLVD, STE 210	
CITY-ST-ZIP	ORMOND BEACH FL 32176	14 CITY-ST-ZIP	LAKE MARY, FL. 32746	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Elder N. Ripper III 6-19-95 (407) 328-8428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0124041 FP