FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051986 (5)

1. Corporate Name
FOSTER COMMUNICATIONS, INC.

Principal Place of Business
15440 S.W. 294TH TERRACE
LEISURE CITY FL 33033

Mailing Address
15440 S.W. 294TH TERRACE
LEISURE CITY FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 N/A
22 Suite, Apt. #, etc.
23 City & State
24 25

2a. Mailing Address P.O. BOX 343182
26 FLORIDA CITY, FL 33034-0182
27 Suite, Apt. #, etc.
28 City & State
29 30

4. FEI Number: 65-0502233 — 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. Does corporation conform to requirements of Florida Statutes [ ] Yes [✓] No

9. Name and Address of Current Registered Agent
KNEGERIS, ELIZABETH
15440 S.W. 294TH TERRACE
LEISURE CITY FL 33033

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 Proposed Section 607.0501 (2)(a) of the F.B.C.A. 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

12. OFFICERS AND DIRECTORS
D
KNEGERIS, ELIZABETH
15440 S.W. 294TH TERRACE
LEISURE CITY FL 33033

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
Title
NAME
Address
City, State, Zip
[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: Elizabeth Knegeris ELIZABETH KNEGERIS 4-28-95 (305) 245-9201
SIGNATURE AND TYPED OR PRINTED NAME OF MGRMBR OFFICER OR DIRECTOR

0117165 CP