



**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

[illegible]

DO NOT WRITE IN THIS SPACE

<div>PROFIT CORPORATION ANNUAL REPORT 1999</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div>		<div>Feb 18, 1999 8:00am Secretary of State</div> <div>02-18-1999 90136 031 *****150.00</div> <div></div>	
<div>DOCUMENT # P94000061203</div> <div>1. Corporation Name 311 DIRECT, INC.</div>					
<div>Principal Place of Business 107 S 8TH STREET PHILADELPHIA PA 19106 US</div>			<div>Mailing Address 107 S 8TH STREET PHILADELPHIA PA 19106 US</div>		
<div>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City &amp; State 23 Zip Country 24 25</div>			<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City &amp; State 28 Zip Country 29 30</div>		
<div>9. Name and Address of Current Registered Agent COHEN, FRED 2716 NE 8TH STREET SUITE 710 NORTH HALLANDALE FL 33009</div>			<div>3. Date Incorporated or Qualified 08/19/1994</div> <div>4. FEI Number 62-1576041</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</div> <div>8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>		
<div>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.</div> <div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></div>			<div>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</div>		
<div>12. OFFICERS AND DIRECTORS TITLE P COHEN, RICHARD NAME 220 LOCUST STREET 8C STREET ADDRESS PHILADELPHIA PA 19106 CITY-ST-ZIP <input type="checkbox"/> DELETE</div>			<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE</div>		

14. I 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 no longer in agreement with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date	Daytime Phone #
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CR2E034 (11/98)