

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000063241 (1)

1. Corporation Name

WALDEN COMMUNICATIONS CORPORATION

Principal Place of Business

1826 WOODY DR
WINDERMERE FL 34786
US

Mailing Address

P O BOX 365
WINDERMERE FL 34786-0365

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip
29 Country

9. Name and Address of Current Registered Agent

WALDEN, TIMOTHY L
1826 WOODY DR
WINDERMERE FL 34786

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

3. Date Incorporated or Qualified
08/23/1994
4. FEI Number
59-3263959
5. Certificate of Status Desired
□
6. Election Campaign Financing
Trust Fund Contribution
□
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
X Yes □ No

3a. Date of Last Report
04/01/1996

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

FL 65 Zip Code

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

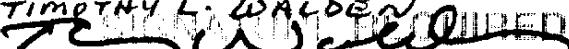
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WALDEN, TIMOTHY L. 1826 WOODY DRIVE WINDERMERE FL □ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP □ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP □ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP □ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP □ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP □ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP □ Change □ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/96 (407) 294-1600
Daytime Phone #

CR2E034 (9/96)