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May 13, 1999 8:00 am
Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P94000065375

1. Corporation Name
KRELL COMMUNICATIONS, INC.

Principal Place of Business
3419 Apalachee Parkway
Tallahassee, FL 32311

Mailing Address
c/o JAMES O. BIRR, JR., ESQ.
1650 N.E. 26th Street, #101
Fort Lauderdale, FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/1994

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country 25

2a. Mailing Address
26 c/o JAMES O. BIRR, JR. ESQ.
Suite, Apt. #, etc.
27 1650 N.E. 26Th Street, 101
City & State
28 Fort Lauderdale, FLORIDA
Zip 29 33305 Country 30

4. FEI Number
59-3266645
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒Yes ☐No

9. Name and Address of Current Registered Agent

JAMES O. BIRR, JR
600 N.E. THIRD AVENUE
FORT LAUDERDALE, FLORIDA 33304

10. Name and Address of New Registered Agent

81 Name: JAMES O. BIRR, JR., ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1650 N.E. 26TH STREET, SUITE 101
83
84 City: FORT LAUDERDALE **FL** 85 Zip Code: 33305

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: Registered Agent, James O. Birr, Jr.
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FORSMAN, BURTON J.		1.2 NAME		
STREET ADDRESS	4219 CAMDEN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32303		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Burton J. Forsman Sec BURTON J. FORSMAN 4/28/99 1800-852-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #