SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 AUG 30 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086733 (0)

1. Corporation Name

VIDEO CONFERENCING ALLIANCE NETWORK, INC.

Principal Place of Business	Mailing Address
600 N. WESTSHORE BLVD., SUITE 702 TAMPA FL 33609	600 N. WESTSHORE BLVD., SUITE 702 TAMPA FL 33609

3. Date Incorporated or Qualified: 11/30/1994
3a. Date of Last Report: 02/23/1995
4. FEI Number: 59-3289982 ☐ 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 [X] Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CRAVENS, ELAINE H
600 N. WESTSHORE BLVD., SUITE 702
TAMPA FL 33609

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

100001938861
-08/30/96--01060--013
****375.00 ****375.00

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 ____________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	SHUGOLL, GENE	
STREET ADDRESS	7475 WISCONSIN AVE., SUITE 200	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	D	☐ DELETE
NAME	CRAVENS, ELAINE H	
STREET ADDRESS	600 N. WESTSHORE BLVD., SUITE 702	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	[X] DELETE
NAME	SHORES, BEVERLY	
STREET ADDRESS	9908 CARVER RD.	
CITY-ST-ZIP	CINCINATTI OH 45202	
TITLE	D	[X] DELETE
NAME	ALTSCHUL, KEN	
STREET ADDRESS	600 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	D	[X] DELETE
NAME	DIMBERT, ELLEN	
STREET ADDRESS	7220 W. 98TH TERR.	
CITY-ST-ZIP	OVERLAND PARK KS 66212	
TITLE	D	[X] DELETE
NAME	LEIBOWITZ, TERI	
STREET ADDRESS	4824 PARKWAY PLAZA BLVD., SUITE 110	
CITY-ST-ZIP	CHARLOTTE NC 28217	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change [X] Addition
1.2 NAME	Val Maxwell	
1.3 STREET ADDRESS	770 Frontage Road, Suite 110	
1.4 CITY-ST-ZIP	Northfield, IL 60093	
2.1 TITLE	Secretary/Registration Agent	X Change ☐ Addition
2.2 NAME	Elaine H. Cravens	
2.3 STREET ADDRESS	600 N. Westshore Blvd, Suite 702	
2.4 CITY-ST-ZIP	Tampa, FL 33609	
3.1 TITLE	Treasurer	☐ Change [X] Addition
3.2 NAME	Mark Tobias	
3.3 STREET ADDRESS	17323 Ventura Blvd, Suite 308	
3.4 CITY-ST-ZIP	Encino, CA 91316	
4.1 TITLE	Director	☐ Change [X] Addition
4.2 NAME	Mimi Nichols	
4.3 STREET ADDRESS	333 West Camino Road, Suite 180	
4.4 CITY-ST-ZIP	Sunnyvale, CA 94104	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

AR 8/30

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine Herron Cravens 8-12-96 813-282-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)