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 FEB 27 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087735 (4)

1. Corporation Name
OVERTURE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
14313 TENNYSON DRIVE HUDSON FL 34667	14313 TENNYSON DRIVE HUDSON FL 34667

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 14313 Tennyson Dr.
22 Suite, Apt. #, etc.
23 City & State: Hudson, FL 34667
24 Zip: 34667 25 Country: USA

2a. Mailing Address
26 P.O. Box 1112
27 Suite, Apt. #, etc.
28 City & State: Port Richey, FL 34673
29 Zip: 34673 30 Country: USA

4. FEI Number: 59-3281628 ☐ 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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BEIL, EUGENE L
12312 U.S. HIGHWAY 19 NORTH
HUDSON FL 34667

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 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Vice President & Secretary Director	☒ Change ☐ Addition
NAME	ORLANDO, SUZANNE M	1.2 NAME		
STREET ADDRESS	14313 TENNYSON DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	President & Treasurer Director	☒ Change ☐ Addition
NAME	ORLANDO, JOHN R	2.2 NAME		
STREET ADDRESS	14313 TENNYSON DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Director	☐ Change ☐ Addition
NAME	ORLANDO, RICHARD S	3.2 NAME		
STREET ADDRESS	7214 WILCOX DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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

SIGNATURE: _____ John R. Orlando 2/20/95 813/868-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0373221 CP