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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000087735</b>			
1. Corporation Name <b>OVERTURE COMMUNICATIONS, INC.</b>			
Principal Place of Business 8833 HELMSLEY LANE HUDSON FL 34667 US		Mailing Address PO BOX 1112 PORT RICHEY FL 34679-1112 US	
2. Principal Place of Business 21 <b>17933 EAST ROAD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>17933 EAST ROAD</b> Suite, Apt. #, etc.	
22 City & State 23 <b>HUDSON, FL</b>		27 City & State 28 <b>HUDSON, FL</b>	
24 Zip <b>34667</b>		29 Zip <b>34667</b>	
9. Name and Address of Current Registered Agent <b>ORLANDO, JOHN</b> <b>17933 EAST ROAD</b> <b>HUDSON FL 34667</b>		10. Name and Address of New Registered Agent 81 Name <b>ORLANDO, RICHARD S.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>17933 EAST ROAD</b> 83 84 City <b>HUDSON</b>	
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.		12. SIGNATURE X <i>[Signature]</i> <b>09/30/99</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
PTD ORLANDO, JOHN R 17933 EAST ROAD HUDSON FL		Change Additor <b>100003012931--5</b> <b>-10/12/99--01061--006</b> <b>***61.25 ***61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
VPS ORLANDO, RICHARD S 17933 EAST ROAD HUDSON FL		Change Additor <b>D/P/T</b> <b>ORLANDO, RICHARD S.</b> <b>17933 EAST ROAD</b> <b>HUDSON, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
		Change Additor <b>VP/S</b> <b>ORLANDO, LILY</b> <b>17933 EAST ROAD</b> <b>HUDSON, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
		Change Additor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
		Change Additor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
		Change Additor	

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: X *[Signature]* **RICHARD ORLANDO** **09/30/99** **(727) 863-4237**

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

DATE

PHONE NUMBER