SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ~~ANNUAL REPORT~~

1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV -6 AM 11:36

11/7

DOCUMENT # P95000041262 (3)

1. Corporation Name
TOBIAS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
5021 EGGLESTON SUITE B ORLANDO FL 32804	5021 EGGLESTON SUITE B ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1995
3a. Date of Last Report: 08/09/1996
4. FEI Number: 59-3300986 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1316 Pine St	26 1316 Pine St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: New Orleans LA	28 City & State: New Orleans LA
24 Zip: 70118 25 Country: USA	29 Zip: 70118 30 Country: USA

9. Name and Address of Current Registered Agent

LEVINE, ROY R JR
940 HIGHLAND AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 255 South Orange Ave. #750
83
84 City: Orlando FL 85 Zip Code: 32801

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] 10/30/97
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	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JOECKEL, MARK T		1.2 NAME	MARK T JOECKEL	
STREET ADDRESS	5021 EGGLESTON SUITE B		1.3 STREET ADDRESS	1316 Pine St	
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP	New Orleans LA 70119	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOECKEL, KRISTY		2.2 NAME		
STREET ADDRESS	5021 EGGLESTON SUITE B		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KATT, JAMES M		3.2 NAME		
STREET ADDRESS	5021 EGGLESTON SUITE B		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		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		

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****750.00 ****750.00

CR2E034 (4/97)

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.