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97 MAY -9 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000044504 (5)

1. Corporation Name

~~AMERICAN TELECOM NETWORK COMMUNICATIONS INC.~~
United Network Incorporated

NIC 3/1/97



Principal Place of Business

1509 GOVERNMENT ST.
MOBILE AL 36604
US

Mailing Address

1509 GOVERNMENT ST.
MOBILE AL 36604-2027
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report
05/09/1996

4. FEI Number
63-1145371

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

ELLIOTT, CHARLENE
2854 S.E. FEDERAL HIGHWAY
STUART FL 34994

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME NICHOLAS ELLIOTT
STREET ADDRESS 1509 GOVERNMENT ST
CITY-ST-ZIP MOBILE AL
TITLE CFOT ☐ DELETE
NAME DEBRA DEVITO
STREET ADDRESS 1509 GOVERNMENT ST.
CITY-ST-ZIP MOBILE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DCPS ☒ Change ☐ Addition
1.2 NAME Nicholas ELLIOTT
1.3 STREET ADDRESS Same
1.4 CITY-ST-ZIP Same
2.1 TITLE DCFOR ☒ Change ☐ Addition
2.2 NAME Debra DeVito
2.3 STREET ADDRESS Same
2.4 CITY-ST-ZIP Same
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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

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.

SIGNATURE:

Debra DeVito

Debra DeVito, CFO

3/07/97

(334) 479-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0493432

CR2E034 (9/96)