FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000047748 (5)**

1. Corporation Name

LIVE WIRE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1070 GAINESVILLE FL 32602	P.O. BOX 1070 GAINESVILLE FL 32602

3. Date Incorporated or Qualified: 06/01/1995
3a. Date of Last Report:

4. FEI Number: 59 3324152 — Applied For / Not Applicable

2. Principal Place of Business: 21 | Suite, Apt. #, etc.: 22 | City & State: 23 | Zip: 24 | Country: 25

2a. Mailing Address: 26 | Suite, Apt. #, etc.: 27 | City & State: 28 | Zip: 29 | Country: 30

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

~~STEADHAM, JOHN M~~
527 E. UNIVERSITY AVE.
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81 Name: Watson, Folds, Steadham, Tovkach, Walker, Marstc
82 Street Address (P.O. Box Number is Not Acceptable): 527 E University AVE
83
84 City: Gainesville FL 85 Zip Code: 32601

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: John M. Steadham, President — Date: 1/23/96
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	D ☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	~~STEADHAM, JOHN M~~	1.2 NAME	Mel Paulick
STREET ADDRESS	~~527 E. UNIVERSITY AVE.~~	1.3 STREET ADDRESS	1751 SW 44 AVE
CITY-ST-ZIP	~~GAINESVILLE FL 32602~~	1.4 CITY-ST-ZIP	Gainesville FL 32608
TITLE	☐ DELETE	2.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		2.2 NAME	Edward R. Grauch
STREET ADDRESS		2.3 STREET ADDRESS	100 Mt. Vernon Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Dunwoody GA 30338
TITLE	☐ DELETE	3.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		3.2 NAME	Charles Edward Higgins
STREET ADDRESS		3.3 STREET ADDRESS	992u NW 62 Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	☐ DELETE	4.1 TITLE	Secretary ☐ Change ☒ Addition
NAME		4.2 NAME	Damon F. Hurlburt
STREET ADDRESS		4.3 STREET ADDRESS	858 SW 58 TERR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville FL 32607
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	100001731041
STREET ADDRESS		5.3 STREET ADDRESS	-03/04/96--01091--008
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
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	

CR2E034 (12/95)

3-8-96

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 on an attachment with an address.

SIGNATURE: Mel Paulick — 1-25-96 — 352 373 2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #