

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000047748 (5)**  
1. Corporation Name  
**LIVE WIRE COMMUNICATIONS, INC.**

Principal Place of Business <b>2731 S.W. WILLISTON RD GAINESVILLE FL 32608 US</b>	Mailing Address <b>P.O. BOX 140370 GAINESVILLE FL 32614 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/01/1995</b>	
21		26		4. FEI Number <b>59-3324152</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WATSON, FOLDS, STEADHAM, TOVKACH, WALKER &amp; 527 E. UNIVERSITY AVE. GAINESVILLE FL 32601</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PAULICK, MEL</b>			1.2 NAME			
STREET ADDRESS	<b>1751 SW 44TH AVENUE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>			1.4 CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAUCH, EDWARD R</b>			2.2 NAME			
STREET ADDRESS	<b>100 MT. VERNON CIRCLE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL 30338</b>			2.4 CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HIGGINS, CHARLES E</b>			3.2 NAME			
STREET ADDRESS	<b>9920 NW 62ND LANE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HURLBURT, DAMON F</b>			4.2 NAME			
STREET ADDRESS	<b>858 SW 58TH TERR.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE:

*Damon F Hurlburt* **DAVID HURLBURT**

1-22-98 (342)373-7090

CR2E034 (10/97)