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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 NOV -2 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052850

1. Corporation Name
THE PRISM NETWORK INC.

Principal Place of Business / Mailing Address
6320 ST. AUGUSTINE RD - SUITE 9
JACKSONVILLE, FL 32217

Amendment

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: July 3, 1995

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-332 1146 ☐ 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

9. Name and Address of Current Registered Agent

MR. JAMES W. SOUTHERLAND
6320 ST. AUGUSTINE RD - SUITE 9
JACKSONVILLE, FL 32217

10. Name and Address of New Registered Agent

81 Name: N/A
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	James W. Southerland	1.2 NAME	
STREET ADDRESS	6320 St. Augustine Rd Suite 9	1.3 STREET ADDRESS	300002684853--8
CITY-ST-ZIP	Jacksonville FL 32217	1.4 CITY-ST-ZIP	-11/10/98--01085--006 *****61.25 *****61.25
TITLE	Secretary ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Eric Ordway	2.2 NAME	
STREET ADDRESS	6320 St. Augustine Rd Suite 9	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32217	2.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Arthur L. Cahoon	3.2 NAME	
STREET ADDRESS	1200 Gulf Life Dr Suite 902	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32207	3.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	James Winston ~~Hosmer~~	4.2 NAME	
STREET ADDRESS	645 Riverside Ave suite 619	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32204	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	

CR2E034 (10/97)

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: James W. Southerland JR. 9.24.98 904.443.0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES W. SOUTHERLAND JR.