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Sep 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000001722

1. Corporation Name
EVOLUTION COMMUNICATIONS, INC.

Principal Place of Business / Mailing Address
11911 U.S. Hwy. #1, Suite 306
North Palm Beach, FL. 33408

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21 Same
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

4. FEI Number 65-0630177 ☐ 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
STEVEN L. ROBBINS, ESQ.
DeFANTIS, GASKILL, SMITH & SHENKMAN, P.A.
11911 U.S. Hwy 1
North Palm Beach, FL. 33408-0127

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 _____ DATE
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	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALEX ATHINEOS		1.2 NAME	
STREET ADDRESS	4013 DORADO DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL.		1.4 CITY-ST-ZIP	
TITLE	SEC./TREAS.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANNA K. ATHINEOS		2.2 NAME	
STREET ADDRESS	2626 PGA BLVD. #103		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL.		2.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	H. MICHAEL KULUKUNDIS		3.2 NAME	
STREET ADDRESS	11911 US Hwy 1, Suite 306		3.3 STREET ADDRESS	
CITY-ST-ZIP	NO. PALM BEACH, FL. 33408		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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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: Pres ALEX ATHINEOS 8/29/97 (561)624-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #