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

FILED Mar 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000002836 (0) DOCUMENT # RICHTER COMMUNICATIONS, INC. Principal Place of Business Mailing Address 871 CORDOVA BLVD NE ST PETERSBURG FL 33704 871 CORDOVA BLVD NE ST PETERSBURG FL 33704 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1996 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3350208 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name RICHTER, KATHY K 871 CORDOVA BLVD NE Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33704 83 84 City 85 Zip Code v 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition RICHTER, KATHY K 1.2 NAME NAME 871 CORDOVA BLVD NE 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33704 CITY - ST - ZIP 1.4 CITY - ST- ZIP Addition DELETE Change TITLE 2.1 TITLE LEOBOLD, TOM 2.2 NAME NAME 8767 BAY POINTE DRIVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Chappe Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST- ZiP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP 4. Thereby 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 erripowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or pn an attachment with an address.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

Addition

0407880

Change

Daytime Phone #