


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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000005021 (6)</b>					
1. Corporation Name <b>LINC, THE VIDEOCONFERENCE NETWORK, INC.</b>					
Principal Place of Business <b>46 S.W. 1 STREET SUITE 100 MIAMI FL 33130</b>			Mailing Address <b>46 S.W. 1 STREET SUITE 100 MIAMI FL 33130-1677</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/12/1996</b> 3a. Date of Last Report <b>01/12/1996</b>	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BENOWITZ, H. ALLEN 46 S.W. 1 STREET SUITE 100 MIAMI FL 33130</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 <b>FL</b>		
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 filed if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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:

*H Allen Benowitz*

3/11/97

306 378-9447

CR2E034 (9/96)

Form **SS-4**(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>H. ALLEN BENOWITZ</b>		
	2 Trade name of business (if different from name on line 1) <b>LINC THE VIDEOCONFERENCE NETWORK, INC.</b>		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>40 S.W. First Street - SUITE 100</b>		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>MIAMI, FLORIDA 33130</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>DADE, FLORIDA</b>		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <b>111-30-7691</b>		
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input checked="" type="checkbox"/> Other (specify) ▶ <b>CORPORATION</b> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Other corporation (specify) ▶ _____ <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization		
8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>FLORIDA</b>		Foreign country	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>JANUARY 1996</b>		11 Closing month of accounting year (See instructions.)	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . ▶			
14 Principal activity (See instructions.) ▶ <b>VIDEOCONFERENCE ROOM RENTAL-PUBLIC ROOM NETWORK</b>			
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) ▶ <b>PUBLIC AND BUSINESS COMMUNITIES</b> <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ <b>SAME AS ABOVE</b> Trade name ▶ <b>H. ALLEN BENOWITZ &amp; ASSOC</b>			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) <b>2/1/73</b> City and state where filed <b>MIAMI, FLORIDA</b> Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
H. ALLEN BENOWITZ, PRESIDENT Name and title (Please type or print clearly.) ▶ Signature ▶ <i>H. Allen Benowitz</i> Date ▶ <b>4-11-97</b> Note: Do not write below this line. For official use only.			
Please leave blank ▶ Geo. Ind. Class Size Reason for applying			