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Jan 27 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 # P96000010670 (3)

1. Corporation Name
PRISM COMMUNICATIONS, INC.



Principal Place of Business
P.O. BOX 7344
FREDERICKSBURG VA 22404

Mailing Address
P.O. BOX 7344
FREDERICKSBURG VA 22404-7344

3. Date Incorporated or Qualified 02/02/1996
3a. Date of Last Report N/A

4. FEI Number 65-0649871
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

2. Principal Place of Business

21 200 ALEXANDRIA STREET
Suite, Apt #, etc.

22 City & State
23 FREDERICKSBURG, VA

24 22408 Zip Country
25 USA

2a. Mailing Address

26 200 ALEXANDRIA STREET
Suite, Apt #, etc.

27 City & State
28 FREDERICKSBURG VA

29 22408 Zip Country
30 USA

9. Name and Address of Current Registered Agent

BARNES, KRISTINE M
22246 SW 98 PLACE
MIAMI FL 33190

10. Name and Address of New Registered Agent

81 Name Walter F. GRUENBERG
82 Street Address (P.O. Box Number is Not Acceptable)
22246 SW 98 PLACE
83
84 City Miami FL 85 Zip Code 33190

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 *Walter F. Gruenberg*
Signature: typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

JAN 16 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME BARNES, KRISTINE M
STREET ADDRESS 22246 SOUTHWEST 98 PLACE
CITY-ST-ZIP MIAMI FL 33190 ☐ DELETE

TITLE VTD
NAME GRUENBERG, JOHN C
STREET ADDRESS 22246 SOUTHWEST 98 PLACE
CITY-ST-ZIP MIAMI FL 33190 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition
1.2 NAME GRUENBERG, KRISTINE, M
1.3 STREET ADDRESS 200 ALEXANDRIA STREET
1.4 CITY-ST-ZIP FREDERICKSBURG VA 22408

2.1 TITLE VTD ☒ Change ☐ Addition
2.2 NAME GRUENBERG, JOHN, C
2.3 STREET ADDRESS 200 ALEXANDRIA STREET
2.4 CITY-ST-ZIP FREDERICKSBURG VA 22408

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Walter F. Gruenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 JAN 97

DATE

Daytime Phone: 540 891-8777

CR2E034 (9/96)