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 APR 27 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000021511

1. Corporation Name

VIRTUAL INTERNATIONAL, INC.

400002503944--3
-04/28/98--01117--014
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
315 E. Robinson St. Suite 170 Orlando FL 32801	315 E. Robinson St. Suite 170 Orlando FL 32801

3. Date Incorporated or Qualified: 3-8-96

2. Principal Place of Business — 21
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: 59-3365283 ☐ 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

Robert P. Saltsman
200 East New England Avenue
Suite 301
Winter Park FL 32789
(Resigned)

10. Name and Address of New Registered Agent

81 Name: Capital Connection, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia Street
83: Suite 1
84 City: Tallahassee **FL** 85 Zip Code: 32301

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: Cheri Lynn Bowles, Client Representative for Capital Connection 4-27-98
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	D	☒ DELETE	1.1 TITLE	Chief Operations Officer	☐ Change ☒ Addition
NAME	Harold Anthony		1.2 NAME	John C. Roth	
STREET ADDRESS	2458 Lake Wampi Drive		1.3 STREET ADDRESS	315 E. Robinson Street, Suite 170	
CITY-ST-ZIP	Maitland FL 32751		1.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	D	☒ DELETE	2.1 TITLE	VP/D/Research & Development	☐ Change ☒ Addition
NAME	Laury Anthony		2.2 NAME	Christopher Woodward	
STREET ADDRESS	2458 Lake Wampi Drive		2.3 STREET ADDRESS	315 E. Robinson Street, Suite 170	
CITY-ST-ZIP	Maitland FL 32751		2.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	D	☒ DELETE	3.1 TITLE	VP/D/Network Engineering	☐ Change ☒ Addition
NAME	Richard Ferdinand		3.2 NAME	Bruce Carlson	
STREET ADDRESS	15 Autumn Way		3.3 STREET ADDRESS	536 Rosewood Avenue	
CITY-ST-ZIP	Old Tappan NJ 07675		3.4 CITY-ST-ZIP	Langhorne PA 19047	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	Betty Cochrane		4.2 NAME	Betty Cochrane	
STREET ADDRESS	1033 Pineshadow Dr.		4.3 STREET ADDRESS	237 S. Westmonte Drive, Suite 235	
CITY-ST-ZIP	Apopka FL 32712		4.4 CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Marge Graf	
STREET ADDRESS			5.3 STREET ADDRESS	515 S. Flower Street, Suite 3500	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Los Angeles, CA 90071	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Kevin R. Stewart	
STREET ADDRESS			6.3 STREET ADDRESS	877 25th Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Watervliet NY 12189	

4-27-98

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: John Charles Roth JOHN CHARLES ROTH 4-24-98 (407)316-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)