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

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022861 (4)

BLUEWATER COMMUNICATIONS, INC.

| Principal Place of | Business | Mailing Address | | | |
|---|--|--|--|--|-----------------------------------|
| 1428 BRICKELL / MIAMI FL 33131 | AVE, SECOND FLOOR | 1428 BRICKELL AV MIAMI FL 33131 | E SECOND FLOOR | DO NOT WRITE IN THe state of th | HIS SPACE |
| 2. Principal Place | o of Business | 2a. Mailing Address | s | 4. FEI Number 65-0649459 | Applied For |
| Sulte, Apt #, 6 | elo. | Suite, Apt. #, et | c. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | 71p | Country 30 | This corporation owes or has paid the Personal Property Tax due June 30. | Yes No |
| TAPLII 1500 t | 9. Name and Address of Cu N, JAY A SAN REMO AVE., STE. 22 L GABLES FL 33146 | | 142 | 10. Name and Address of New Register And Town S. Town I. Bridge Street | |
| 11. Pursuant to the | he provisions V Sections 607 | 0502 and 607 1508. Florida | 83 Sui | poration submits this statement for the purpos | EL 85 Zip Code 33131 |
| office or regis agent I am fa SIGNATURE | stered a fent, or both, in the Stanillar with, and accept the of | tate of Florida, Such change oligations of Section 107.05 | was authorized by the corpora 5. Florida Stalutes. INCIE Begistered Agent argenture requ | ation's board of directors. I hereby accept the | appointment as registered |

FILED Mar 19 1998 8:00am Secretary of State

|--|--|

Applied For Not Applicable

(205) 358-BAAG

2/11/97

| CORAL GABLES FL 33146 | | | 1428 Brickell Avenue | | | | | |
|--|--|---|---|--|-------------------------------------|---|------------------------------|----------------------------|
| | | | 83 | 1:4- 70 | | • | | |
| | | | 84 City | ~~~ | | | 85 Zip (| Çode . |
| | | · · · · · · · · · · · · · · · · · · · | | Mam | | F | | 313] |
| 11. Pursuant to office or reader. I as | to the provisions of Sections 607,0502 and 607,150 egistered agent, or both, in the State of Florida, Su m familiar with, and accept the obligations of Sect | 08, Florida Statules, ch change was autl orif:07.0505, Florid | the above-named norized by the cor la Stalutes. | l corporation submi poration's board of | its this stateme directors. I he | ent for the purpose ereby accept the a | of changing it ppointment as | s régistéred registered |
| SIGNATURE | Signature, typed or profite rame of region est lighter and brieft apple | able (NOTE: B | ogistered Agent signature | e required when reinstating | 3) | 2111 BATE | 197 | i |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIO | NS/CHANGE | S TO OFFICERS A | ND DIRECTOR | S IN 12 |
| TITLE | D | ☐ DELE 1E | 1.1 TITLE | PST | | | Change | Addition |
| NAME | TAPLIN, ANDREW S | | 1.2 NAME | Andrew | 5. Toy | p1:^ _ | | |
| STREET ADDRESS | 1428 BRICKELL AVE., SECOND FLOOR | | 1.3 STREET ADDRESS | Andrew Mas Bris | ckell A | we, #700 |) | |
| CITY-ST-ZIP | MIAMI FL 33131 | | 1.4 CITY-ST-ZIP | Miami | R- | 33131 | | |
| TITLE | P | DELETE | 21 TITLE | | | | ☐ Change | Addition |
| NAME | SHERMAN, JASON I | | 2.2 NAME | | | | | |
| STREET ADDRESS | 1428 BRICKELL AVE, 2ND FLOOR | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 2 4 CHTY-ST-ZIP | 1 | | | | |
| TITLE | V | DELFTE | 3.1 TITLE | ~ | _ | | Change | Addition |
| NAME | PHILLIPS, EVAN B | | 3.2 NAME | Evan B | 3. Ph | lligs - | | |
| STREET ADDRESS | 1428 BRICKELL AVE, SECOND FLOOR | | 3.3 STREET ADDRESS | 1428 Bc | ickell | Ave # | 700 | |
| CITY-ST-ZIP | MIAM! FL | | 3.4. CITY-ST-ZIP | Miami | PL | ૽ૺ૽ૼ૽૽ૼ૽૽ઽ૽૱ | 51 | |
| TITLE | | DELETE | 4.1 TITLE | | 7 | | Change | Addition |
| NAME | | | 4. 2 NAME | ì | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | | Change | Addition |
| NAME | | | 52 NAME | | | | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | 1 | | | | |
| CITY-ST-ZIP | | | 5.4 CiTY-ST-ZiP | | | | | İ |
| TITLE | | DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | 1 | | | | } |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | } | | | | |
| 14. I hereby c | ertify that the information supplied with this filing d | nes not qualify for t | ne exemption state | ed in Section 119.0 | 7(3)(i), Florida | Statutes. I further | certify that the | information |
| indicated on this annual report of 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 of the receiver or frustee 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 op an attachment with an address. | | | | | | | | |