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APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000044060			
1. Corporation Name Netvision Audiotext Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 3419 Galt Ocean Drive Suite, Apt. #, etc. 23 City & State 23 Fort Lauderdale FL 24 Zip 33308 County 25 Broward		2a. Mailing Address 26 27 Suite, Apt. #, etc. 28 City & State 29 Zip 33308 County 30 Broward	
3. Date Incorporated or Qualified 5/21/96		3a. Date of Last Report	
4. FBI Number 65-0667115		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 John J. Bennett, 3419 Galt Ocean Drive Fort Lauderdale, FL 33308		10. Name and Address of New Registered Agent 81 Name John J. Bennett 82 Street Address (P.O. Box Number is Not Acceptable) 3419 Galt Ocean Drive 83 84 City Port Lauderdale FL 85 Zip Code 33308	
11. Pursuant to the provisions of Sections 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 607.0305, Florida Statutes. SIGNATURE <u>John J. Bennett</u> John J. Bennett, by G.K. Kuroda as attorney-in-fact 3/23/99 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when relinquishing) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President, Treasurer John J. Bennett 3419 Galt Ocean Drive Fort Lauderdale, FL 33308 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O., Secretary, Director Joseph B. Birkind 3419 Galt Ocean Drive Fort Lauderdale, FL 33308 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, or on attachment with an address. SIGNATURE <u>John J. Bennett</u> John J. Bennett, by Greg K. Kuroda as attorney-in-fact 305-672-0606 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiring Term #			

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