


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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90170 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000069434</b>			
1. Corporation Name <b>NRG NETWORK, INC.</b>			
Principal Place of Business <b>7800 BELFORT PARKWAY JACKSONVILLE FL 32256</b>		Mailing Address <b>7800 BELFORT PARKWAY JACKSONVILLE FL 32256</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>GRAHAM, T MALCOLM ONE INDEPENDENT DR, SUITE 2000 JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent 81 Name <b>Catherine J. Gray</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7800 Belfort Parkway</b> 83 <b>Suite 100</b> 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32256</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 <b>Catherine J. Gray</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/28/99</b>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP C WILSON, J S 7800 BELFORT PKWY, STE 100 JAX FL 32256 VST GRAY, CATHERINE J 7800 BELFORT PARKWAY, SUITE 100 JACKSONVILLE FL 32256 P MILBURY, R 7800 BELFORT PARKWAY, SUITE 100 JACKSONVILLE FL 32256		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/20/1996</b>	
4. FEI Number <b>59-3457445</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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, with all other like empowered.

SIGNATURE: **Catherine J. Gray** DATE **4/28/99** (904) 281-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)