03011999-90255-025-$150.00-$150.00 * 03011999-90255-026-$8.75-$8.75

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071047

1. Corporation Name
EAGLES COMMUNICATION, INC.

Principal Place of Business	Mailing Address
3340 EDGEWATER DR ORLANDO FL 32804 US	925 S SEMORAN BLVD. SUITE 108 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 08/23/1996
4. FEI Number: 59-3400505 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PLAUT, TANYA M
506 MARIPOSA ST
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name: JEFFREY R. Clark
82 Street Address (P.O. Box Number is Not Acceptable): 3367 Lakeview Oaks Dr.
83
84 City: Longwood FL 85 Zip Code: 32779

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature of or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, JAMES R		1.2 NAME		
STREET ADDRESS	1421 SHADWEWLL CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL 32746		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, JEFFREY R		2.2 NAME	Clark, Jeffrey R	
STREET ADDRESS	115 SHEALEN RD		2.3 STREET ADDRESS	3367 Lakeview Oaks Dr.	
CITY-ST-ZIP	LAKE MARY FL 32746		2.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CASTIGLIONE, JOSEPH		3.2 NAME		
STREET ADDRESS	1441 VALLEY PINE CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 attached sheet with an address, with all other like empowered.

SIGNATURE: _____ 1/13/99 407-657-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #