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

DOCUMENT # P96000103163 (7)

INFINITY COMMUNICATIONS, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			ann main item Anima 11161 11616 21166 1161 1261
710 SEAGATE	: DR	710 SEAGATE DR			
TAMPA FL 33602 TAMPA FL 33602			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qual	
					mea
2. Principal P	Place of Business	2a. Mailing Address	·	12/19/1996 4. FEI Number	Applied For
	N. Rep St.	,	ST.	59-3277584	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		- \$9.75 Additional
22 Stc	727	27 StE 122		5. Certificate of Status Desire	Fee Required
City & Stat	e	City & State		6. Election Campaign Financ	· · · · · · · · · · · · · · · · · · ·
23 Tank	ba FL	28 TAMPA	FC	Trust Fund Contribution	Added to Fees
Zip /	Country	²¹⁰ 2/20	Country	8. This corporation owes or h	as paid the current year Intangible
24 33 <u>6</u>	09 25 USA-		O USA	Personal Property Tax due	
	9. Name and Address of Current	Registered Agent		10. Name and Address of Ne	w Registered Agent
MCMILLAN, TY					
710 SEAGATE DR B2 Street Address (Address (P.O. Box Number is Not Acc	eptable)
TAMPA FL 33602					acet Stelzz
			83		
			84 City		DE Zin Codo
			1 7	umba	FL 85 Zip Code 3 3 4 0 9
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above parent conference submits this electrons for the purpose of changing the registered.					
office or registered agent, or both, in the State of I lorida. 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	Mary T. Tate	is a			4/8/28
Signature typed Jurinted name of registered and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE					
12. TITLE	P	DELETE	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
NAME		L. J DELETE	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	CARAS, JASON 710 SEAGATE DR		1.2 NAME		
	TAMPA FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	X OELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MCMILLAN, TY	Jag ottere	2.2 NAME	(Change C Applied
STREET ADDRESS	710 SEAGATE DR				
CITY-ST-ZIP	TAMPA FL		2.3 STREET ADDRESS 2. 4 CITY+ST-ZIP		• •
TITLE	D	DELETE	3.1 TITLE	secretury/Treasu	Change Addition
NAME	TITUS, MARY		3.2 NAME	Secretary Treasu	E E A Shango A Musicon
STREET ADDRESS	18709 PEPPER PIKE LANE		3.3 STREET ADDRESS	· ·	
CITY-ST-ZIP	LUTZ FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	41 TITLE		☐ Change ☐ Addition
NAME	PERRY, KATHY	~ · · ·	4. 2 NAME		
STREET ADDRESS	4798 S FLORIDA AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY+ST-ZIP	·	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY - ST - ZIP		I
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		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 trusted 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.

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