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

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FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 29 PM 1:57 P97000000069 (9) DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA SCOTT COMMUNICATIONS, INC. Principal Place of Business Mailing Address 11104 WILDLIFE TRAIL 11104 WILDLIFE TRAIL TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1997 4. FEI Numb 2. Principal Place of Busiless 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes □ No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCOTT, ELIZABETH 11104 WILDLIFE TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 83 84 City Zip Code 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** Signature, typed or printed name of regenered agont and title if apphilable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE SCOTT, ELIZABETH NAME 1.2 NAME 300002546593--8 -06/03/98--01097--004 11104 WILDLIFE TRAIL STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32312 1.4 CITY - ST - ZIP kikikiki 150 00 Change J Addition CITY-ST-ZIP \*\*\*\*150,00 DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - 7(P Change DELETE Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET DORESS 3.3 STREET ADDRESS CITY -3.4. CITY - ST- ZIP DELETE TITLE Change ☐ Addition 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-\$1-71F TITLE DELETE 6.1 TITLE Change ( NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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), 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 oats, that are 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.

ELIZABETHE SCOTT 4/14/98/8014