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

PROFIT CORPORATION ANNUAL REPORT **1999**

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

APPROVED AND FILED
99 MAY -3 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035549
Corporation Name

PAGING SYSTEMS, INC.

Principal Place of Business / Mailing Address: same

283 N. North Lake Blvd.
Suite 111
Altamonte Springs, FL. 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: April 21, 1997

1. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 59-3440830 — Applied For / Not Applicable

5. Certificate of Status Desired: XX — $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

Mr. Kevin L. Sibbitt
283 N. North Lake Blvd.
Suite 111
Altamonte Springs, FL. 32701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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 registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Kevin L. Sibbitt	1.2 NAME	FLHDOR-BRTLST----S
STREET ADDRESS	283 N. North Lake Blvd.,# 111	1.3 STREET ADDRESS	-05/07/99--01073--010
CITY-ST-ZIP	Altamonte Springs, FL 32701	1.4 CITY-ST-ZIP	****158.75 ****158.75
TITLE	Director ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Kazumi I. Sibbitt	2.2 NAME	
STREET ADDRESS	283 N. North Lake Blvd.,# 111	2.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, FL. 32701	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

158 5/3/99

CR2EO74 (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 attachment with an address, with all other like empowered.

SIGNATURE: Kevin L. Sibbitt — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/29/99 — (407) 339-7667 Daytime Phone #