

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

DOCUMENT # P97000067635

1. Corporation Name

Imperial Telephony, Inc.

FILED

99 FEB 18 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
August 5, 1997

4. FEI Number

65-0771274

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

2. Principal Place of Business

21 8256 Exchange Dr.

22 Suite, Apt. #, etc.
Suite 220

23 City & State
Orlando, FL.

24 Zip
32809

25 Country
U.S.A.

2a. Mailing Address

26 8256 Exchange Dr.

27 Suite, Apt. #, etc.
Suite 220

28 City & State
Orlando, FL.

29 Zip
32809

30 Country
U.S.A.

9. Name and Address of Current Registered Agent

De La Pena, Villanueva & Bajandas, LLP
601 Brickell Key Dr.
Suite 805
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name
B & C Corporate Services of Central Florida, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Ave.
83 Suite 1100
84 City
Orlando
85 Zip Code
FL 32801

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]
Signature, typed or printed name of registered agent and title if applicable

Vice President of B & C Corporate Services of Central Florida, Inc.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
11	D, P, T.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	William R. Maddux			<input type="checkbox"/>	<input type="checkbox"/>
13	8256 Exchange Dr.			<input type="checkbox"/>	<input type="checkbox"/>
14	Orlando, FL 32809			<input type="checkbox"/>	<input type="checkbox"/>
21	D, S.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Richard J. Sevilla			<input type="checkbox"/>	<input type="checkbox"/>
23	8256 Exchange Dr.			<input type="checkbox"/>	<input type="checkbox"/>
24	Orlando, FL 32809			<input type="checkbox"/>	<input type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>
32				<input type="checkbox"/>	<input type="checkbox"/>
33				<input type="checkbox"/>	<input type="checkbox"/>
34				<input type="checkbox"/>	<input type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>
42				<input type="checkbox"/>	<input type="checkbox"/>
43				<input type="checkbox"/>	<input type="checkbox"/>
44				<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>
52				<input type="checkbox"/>	<input type="checkbox"/>
53				<input type="checkbox"/>	<input type="checkbox"/>
54				<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>
62				<input type="checkbox"/>	<input type="checkbox"/>
63				<input type="checkbox"/>	<input type="checkbox"/>
64				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

(407) 876-8765

Daytime Phone #

CR2034 (11/98)



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 138791 4381472

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : February 18, 1999

ORDER TIME : 12:23 PM

ORDER NO. : 138791-005

CUSTOMER NO: 4381472

CUSTOMER: Janice Myers, Legal Assistant
Broad And Cassel
Suite 1100
390 North Orange Avenue
Orlando, FL 32801

ANNUAL REPORT FILING

NAME: IMPERIAL TELEPHONY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____

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