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 # P97000069832 (8)

PINSON COMMUNICATIONS, INC.

FILED
May 20 1998 8:00am
Secretary of State



Principal Plac	e of Business	Mailing Address				# IEALIARI IIA VATIL IAAIL AANN AANN AANN AANN AINN AINN IANN YAIAA IIIN IIAN AANL	
•		· ·	2653 MCCORMICK DR. SUITE 100				
2653 MCCORMICK DR. SUITE 100 CLEARWATER FL 34619			CLEARWATER FL 34619				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
- 6: : : :	10 -i	B. Mailing Adde	200			08/11/1997 4, FEI Number Applied For	
	lace of Business	η · · · ·	2a. Mailing Address			59-3469198 Not Applicable	
Suite, Apt.	# atc		Suite, Apt. #, etc.			SR 75 Additional	
	#, Blo.	27	├ - ┐ ' '			5. Certificate of Status Desired Fee Required	
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	Co	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. X Yes No	
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New Registered Agent	
PII	NSON, J MICHAEL			81	Name		
1802 PINE HILL DRIVE				82	Street	Address (P.O. Box Number is Not Acceptable)	
SA	FETY HARBOR FL 34695						
				83			
				84	City	85 Zip Code	
						FL ²³ ²⁴ ²⁵ ²⁵	
office or i	roni ste red arrent or both in the Stat	runf Elorida, Such char	ine was authorize	ed by	r the cor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.	0505, Florida Sta	itutes	3.	, , , , , ,	
SIGNATURE						p required when reinstating) DATE	
40	Signature: typed or profed name of registered as	ND DIRECTORS	13.		ent signatur	o required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1,2. TITLE	OF FIGURE NO AT			ITLE		PVTS	
NAME		_		AME		PVTS Change Addition PINSON, J. MICHAEL	
STREET ADDRESS				ADDRESS	1800 PINE HILL DRIVE		
CITY-ST-ZIP				CITY - S		1802 PINE HILL DRIVE SAFETY HARBOR FL 34695	
TITLE		□ Di	DELETE 2.1 THT			☐ Change ☐ Addition	
NAME			2.2 NA				
STREET ADDRESS			2.33	STREE T	ADDRESS		
CITY-ST-ZIP			2 4	CITY-	ST - ZIP		
TITLE		☐ D	LETE 3.1	IITLE		☐ Change ☐ Addition	
NAME			321	NAME			
STREET ADDRESS			3.3	STREET	ADDRESS		
CITY-ST-ZIP					ST - ZIP		
TITLE		□ D	ELETE 4.1	TITLE		Change Addition	
NAME			4.2	NAME			
STREET ADDRESS			4.3	STREET	ADDRESS		
CITY-ST-ZIP				CITY-S	31 - ZIP		
TITLE		□ 0	ELETE 5.1	TITLE		Change Addition	
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET	ADDRESS		
CITY-ST-ZIP		·		CITY - S	ST-ZIP	The same of the sa	
TITLE		□ D	1	TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		_		CITY-S		and in Section 119 07(3)(i) Florida Statutes 1 further certify that the information	

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 armual report or supplemental artifulation and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the recovery of the 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 attaching 1911 an address.

4/20/08