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 # 1, Corporation Name

P97000069874 (0)

ENTER-COM, INC.

FILED Feb 19 1998 8:00am Secretary of State



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Zip Country Zip Country Zip Country Zip Signature Personal Property Tax due June 30. Ses No			28				
Personal Property Tax due June 30. Personal		Country		Country		urren year Intangible	
CLARK, JOSEPH P S33 N. NOVA ROAD, STE. 115 ORMOND BEACH FL 32174-4421 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 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 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 spent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11/11	24	25	29 3	0	Personal Property Tax due June 30.	✓ Yes No	
S33 N. NOVA ROAD, STE. 115 ORMOND BEACH FL 32174-4421 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nemed 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 with, end accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Siphauro: typed or prended name of registered agent and other id applicable. (NOTE Registered Agent lignature required when remission) OATE		9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	1 Agent	
S33 N. NOVA ROAD, STE. 115 ORMOND BEACH FL 32174-4421 83 City C	CL	ARK, JOSEPH P		81 Name			
ORMOND BEACH FL 32174-4421 83 State Stat				92 Stroot Add	Irens (P.O. Boy Number is Not Acceptable)		
R3 R4 City				Sileer Add	1855 (F.O. BOX NOTHBELLS NOT ACCORDANCE)		
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature	.			83			
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature				1		los l Zin Codo	
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 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 and manual run familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tile if applicable (NCTE Registered Agent				84 City	Fi	L 85 Zip Code	
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 ITILE	l 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.						
DELETE D	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE						
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14. I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP	pertify that the information supplied a	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	pertify that the information	

4. 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 informatic 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 of the

2/1/98

904-672-9445