

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000088210 (4)

1. Corporation Name

AMERICAN METROUTILITIES NETWORKS CORP.

Principal Place of Business

1615 POYDRAS STREET  
SUITE 1050  
NEW ORLEANS LA 70112

Mailing Address

1615 POYDRAS STREET  
SUITE 1050  
NEW ORLEANS LA 70112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

72-6187581

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

KOSLEN, MICHAEL  
4701 NORTH FEDERAL HIGHWAY  
SUITE 315, BOX A-7  
LIGHTHOUSE POINT FL 33064

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

TITLE D  
NAME KELLY, DENNIS  
STREET ADDRESS 1615 POYDRAS STREET, SUITE 1050  
CITY-ST-ZIP NEW ORLEANS LA 70112 ☐ DELETE

TITLE D  
NAME GEORGE, GARY  
STREET ADDRESS 1615 POYDRAS STREET, SUITE 1050  
CITY-ST-ZIP NEW ORLEANS LA 70112 ☐ DELETE

TITLE D  
NAME DONOVAN, ALBERT I JR  
STREET ADDRESS 1615 POYDRAS STREET, SUITE 1050  
CITY-ST-ZIP NEW ORLEANS LA 70112 ☒ DELETE

TITLE D  
NAME DUNCAM, BROOKE H  
STREET ADDRESS 3301 LAFITTE AVENUE  
CITY-ST-ZIP NEW ORLEANS LA 70176 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V/S ☒ Change ☐ Addition  
1.2 NAME Kelly, Dennis  
1.3 STREET ADDRESS 1615 Poydras St., Ste. 1050  
1.4 CITY-ST-ZIP New Orleans, LA 70112

2.1 TITLE D/P ☒ Change ☐ Addition  
2.2 NAME George, Gary  
2.3 STREET ADDRESS 1615 Poydras St., Ste. 1050  
2.4 CITY-ST-ZIP New Orleans, LA 70112

3.1 TITLE V/T ☐ Change ☒ Addition  
3.2 NAME Stewart, Charles W.  
3.3 STREET ADDRESS 1615 Poydras St., Ste. 1050  
3.4 CITY-ST-ZIP New Orleans, LA 70112

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE 000002605520 ☐ Change ☐ Addition  
5.2 NAME -08/03/98-01111-039  
5.3 STREET ADDRESS \*\*\*150.00  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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.


SIGNATURE:

*[Signature]*

7/6/98

(504) 200-2000

CR2E034 (5/98)



July 20, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

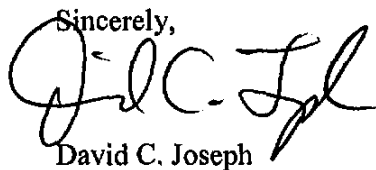
Re: American Metrouilities Networks Corp. Annual Report

To Whom It May Concern:

Please accept the enclosed annual report for filing with your office. Pursuant to instructions from members of your division, I have enclosed a check for \$150.00 to cover the filing fee of the annual report. Because our office never received the first notice of the 1998 Profit Corporation Annual Report Packet, we were told that your office would waive the late penalty.

I appreciate your assistance with this matter and should you have any questions, please contact David Joseph or me at (504) 200-2000.

Sincerely,



David C. Joseph

Encl.



AMERICAN METROCOMM CORPORATION

1615 POYDRAS STREET, SUITE 1050, NEW ORLEANS, LOUISIANA 70112, 504.598.9000, FAX: 504.598.9010