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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000106386 (0)

TANGENT COMMUNICATIONS CORPORATION

| Principal Place of Business | Mailing Address |
|-----------------------------|---------------------|
| 200 S. BURNETT ROAD | 200 S. BURNETT ROAD |
| COCOA FL 32926 | COCOA FL 32926 |

FILED Mar 26 1998 8:00am Secretary of State



| | | | | | ! | | |
|---|---|-----------------------------------|---------------|---|---|-----------------------------|--------------------------------|
| Principal Place of Business Mailing Address | | | | | | | |
| 200 S. BURN | | 200 S. BURNETT ROAD | | | | | |
| COCOA FL 3 | 2926 | COCOA FL 32926 | | | DO NOT WRITE IN THIS | SDACE | |
| | | | | • | 3. Date Incorporated or Qualified | OF ACE | |
| | | | | | 12/18/1997 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | ado or boomoo | 26 P.O. Box 560 | 1989 |) | 59-3484354 | · | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | - 102 | | | | Additional | |
| 22 | | | | 5. Certificate of Status Desired | | Required | |
| City & State City & State | | _, | | 6. Election Campaign Financing | \$5.00 | D May Be | |
| 23 | | 28 Kockledge t | - L | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the cu | irrent year Ir | ntangible |
| 24 | 25 | 29 327 56 0987 30 | 45 | <u>A</u> | Personal Property Tax due June 30. | Yes [| ☐ No |
| | 9. Name and Address of Current | Registered Agent | | _ | 10. Name and Address of New Registered | Agent | |
| MA | RKEY & FOWLER, P.A. | | 81 | Name | | | |
| 410 WEST MERRITT AVENUE | | | 62 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| MERRITT ISLAND FL 32953 | | | 0.0001100 | (i e : Box (i i e : i | | | |
| | | | 63 | | | | |
| | | | 84 | City | · · · · · · · · · · · · · · · · · · · | lee Zin | Code |
| | | | 04 | City | FL | _ 85 Zip | Code |
| office or ri agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligated. | l Florida. Such change was auth | norized by | the corporat | poration submits this statement for the purpose of cion's board of directors. I hereby accept the ap | of changing pointment as | its registered s registered |
| SIGNATURE | Signature, typed or printed panin of registered agent | and tile if applicable. (NOTE: Re | egistered Ago | nt signature regula | red when reinstating) DATE | | ——— I, |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | RS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | Change | Addition |
| NAME | STANDLEY, WILLIAM F | A 11 A 4 | 1.2 NAME | | | | ; |
| STREET ADDRESS | P.O. BOX 560000 - 200 5. | Burnett Ra | 1.3 STREET | ADDRESS | | | [|
| CITY-ST-ZIP | ROCKLEDGE FL-32956 9989 (| ocoa. FL 32926 | 1,4 CITY - S | l | | | } |
| TITLE | | DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY - 5 | j j | | | ì |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - 5 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4. 2 NAME | ľ | | | 1 |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ŽiP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S' | i | | | 1 |
| TITLE | | DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | _ |
| STREET ADDRESS | | | 6.3 STAEET | ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | | | | |
| | | | 55 0 | | | | |

14. Thereby certify that the information supplied with this filling 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.

2-12/10