PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000043690

INFINITY COMMUNICATIONS, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

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Principal Place	of Business	Mailing Address				11	(BBI)BBI NG IBIBI (BII) GEN	RRICE RRICE RRICE	BIRRE HINE BILLE	.gen gga rega
406 N REO ST, STE 122 406 N REO ST. STE 122										
TAMPA FL 33609 TAMPA FL 33609										
}								RITE IN THIS	S SPACE	
ļ							ncorporated or Qualif	30		
<u> </u>							3/1998			-0-15
2. Principal Pl	ace of Business	2a. Mailing Address			1	4. FEI N			F-1	plied For
21 2011		26				<u> 59 -</u>	35 255 12			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	5: Certifo	cate of Status Desired	ļ	\$8.75 A	Additional quired * *
22 D		City & State	<u>`- : </u>	. .	·					
City & State			1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
23 Tame		28		tn.	-		Fund Contribution	4		5 Fees
Zip	Country	Zip	Cour	ııry	1		orporation owes the o	urrent year in		⊠No
24 3360	6 25 Hillshoenigh	29	30				nal Property Tax. and Address of Ne	w Ponietoror		
	g. Name and Address of Current	Registered Agent		81 Name		O. Name	anu Audress of Ne	w izeAizresed	- Agair	
11111	S, MARY	,		oi wame		_				
	ľ	82 Street Address (P.O. Box Number is Not Acceptable)								
710 SEAGATE DR					ليا ال	· C1	eve land	24	stco	
] IAM	PA FL 33602	•		83						,
[.			•	84 City			· · · · · · · · · · · · · · · · · · ·		85 Zip 0	Code
}	•		-	To	mba			- '' <u>FI</u>	L 33	606
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the at	ove-name	comporat	ion subm	its this statement for	he purpose o	of changing its	registered
l office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	authorized	by the cort	oration's	board of	directors. I nereby ad	cept the appu	ununem as reç	Jistered
	m	in and the second of the secon						11/1/4	2 <i>9</i> /	
SIGNATURE	Signature, types o printed name of registered agent a	and title if applicable: (NOT	E: Registered	Agent signature	required who	en reinstating	<u>)</u>	DATE	·/	
12.	OFFICERS AND		13.			ADDITI	IONS/CHANGES TO	OFFICERS A		
TITLE	D	☐ DELETE	1.1 111	LE					Change	☐ Addition
NAME I	CARAS, JASON		1.2 NA	ME	}					ł
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CITY-ST-ZIP	TAMPA FL 33609			Y-ST-ZIP	Tr	a ha	F/ 35	606]
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_	406 N REO ST, STE 122	. (REET ADDRESS	ומב	. (برا اد	· cleudar	1 5+.	step	,
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STREET ADURESS				V_\$T_7ID						

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.