


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90112 041 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|--|---|---|

**DOCUMENT # P98000073737**

1. Corporation Name

**GULFSTREAM NETWORKS CORPORATION**

Principal Place of Business

3649 ALL-AMERICAN BLVD.  
ORLANDO FL 32810

Mailing Address

3649 ALL-AMERICAN BLVD.  
ORLANDO FL 32810

*new address for both:*  
**10023 Belle Rive Blvd #819, Jax, FL 32256**



DO NOT WRITE IN THIS SPACE

|                                      |  |                                      |  |  |  |
|--------------------------------------|--|--------------------------------------|--|--|--|
| 2. Principal Place of Business       |  | 2a. Mailing Address                  |  | 3. Date Incorporated or Qualified  |  |
| 21 <b>10023 Belle Rive Blvd #819</b> |  | 26 <b>10023 Belle Rive Blvd #819</b> |  | 08/24/1998   |  |
| Suite, Apt. #, etc. <b>#819</b>      |  | Suite, Apt. #, etc. <b>#819</b>      |  | 4. FEI Number <b>59-3527546</b>  |  |
| City & State <b>Jacksonville, FL</b> |  | City & State <b>Jacksonville, FL</b> |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| Zip <b>32256</b> Country <b>USA</b>  |  | Zip <b>32256</b> Country <b>USA</b>  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |  |
| 24 <b>32256</b> 25 <b>USA</b>        |  | 29 <b>32256</b> 30 <b>USA</b>        |  | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**WEST, BRADFORD D**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <input type="checkbox"/> DELETE           | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WALKER, PETER J</b> <i>new address</i> | 1.2 NAME  | <b>Walker, Peter J</b>   |
| STREET ADDRESS             | <b>3649 ALL-AMERICAN BLVD.</b>            | 1.3 STREET ADDRESS                                    | <b>10023 Belle Rive Blvd. #819</b>   |
| CITY-ST-ZIP                | <b>ORLANDO FL 32810</b>                   | 1.4 CITY-ST-ZIP                                       | <b>Jacksonville, FL 32256</b>  |
| TITLE                      | <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

904-998-2419

Daytime Phone

CR2E034 (11/98)