04271999-90173-028-$150.00-$150.00

**FILED**
**Apr 27, 1999 8:00 am**
**Secretary of State**
04-27-1999 90173 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000082837

1. Corporation Name
NEWTOWNS COMMUNICATIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3617 CROWN POINT RD.,STE.4<br>JACKSONVILLE FL 32257 | 3617 CROWN POINT RD. STE.4<br>JACKSONVILLE FL 32257 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1998

2. Principal Place of Business
21 P.O. Box 24668
#4 22 3617 Crown Pt. Rd
23 Jacksonville, fl
24 Zip 32241 25 Country USA

2a. Mailing Address
26 P.O. Box 24668
27 Suite, Apt. #, etc.
28 City & State Jacksonville, fl
29 Zip 32241 30 Country USA

4. FEI Number: 59-3560263 — 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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A
3617 CROWN POINT RD.,STE.4
JACKSONVILLE FL 32257

this address is our physical address

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 24668 / 3617 Crown Pt. Rd #4 Jax, fl 32257
83
84 City FL 85 Zip Code 32241

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: Meredith A Hernandez DATE: 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KEYES, ALBERT L<br>3617 CROWN POINT RD.,STE.4<br>JACKSONVILLE FL 32257 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P.O. Box 24668<br>Jacksonville, fl 32241 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, REGINALD L<br>3617 CROWN POINT RD.,STE.4<br>JACKSONVILLE FL 32257 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98)

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] (904)288-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #