

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90073 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004485
 1. Corporation Name
CLEAR COMMUNICATIONS GROUP, INC.

Principal Place of Business 440 INTERSTATE NORTH PARKWAY ATLANTA GA 30339	Mailing Address 440 INTERSTATE NORTH PARKWAY ATLANTA GA 30339
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1993	
21		26		4. FEI Number 58-1953736	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, STEPHEN F SR	1.2 NAME	
STREET ADDRESS	550 RIVER VALLEY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	s/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, DAVID	2.2 NAME	William J. Loughman
STREET ADDRESS	5310 NORTH POWERS FY RD.	2.3 STREET ADDRESS	1740 Kingsley Court
CITY-ST-ZIP	ATLANTA GA 30347	2.4 CITY-ST-ZIP	Lawrenceville, GA 30043
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUMELL, LISA	3.2 NAME	
STREET ADDRESS	300 FRANK W BURR BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEANECK NJ 07666	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINERICH, ROBERT	4.2 NAME	
STREET ADDRESS	P.O. BOX 536, N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND KY 40475	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBRIX, ROBERT J	5.2 NAME	
STREET ADDRESS	2501 EAST AVENUE, APT. 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14610	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSCOE, ANDREW	6.2 NAME	
STREET ADDRESS	1130 CONNECTICUT AVENUE N.W., #325	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036-3915	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: William J. Loughman Mar. 3/99 770-763-5620
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)