

2004 FOR PROFIT CORPORATION ANNUAL REPORT


5/1

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-14-2004 90008 008 ***150.00

DOCUMENT # F03000000391

1. Entity Name
JEFFERSON-PILOT COMMUNICATIONS COMPANY OF MIAMI, INC.



Principal Place of Business
20450 NORTHWEST SECOND AVE. MIAMI, FL 33169

Mailing Address
20450 NORTHWEST SECOND AVE. MIAMI, FL 33169

66426948



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
100 N. Greene Street
 Suite, Apt. #, etc.

City & State
Greensboro, NC 27401

Zip Country Zip Country

05052004 Chg-P CR2E034 (10/03)

4. FEI Number
02-057-4908

Applied For
 Not Applicable

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE D | STONE, THERESA M 20450 NORTHWEST SECOND AVE. MIAMI, FL 33169 | <input type="checkbox"/> Delete | |
| TITLE TD | WEATHERLY, JOSEPH E 100 N GREEN STREET GREENSBORO, NC 27401 | <input type="checkbox"/> Delete | |
| TITLE SD | MCALISTER, DANIEL K 100 N GREEN STREET GREENSBORO, NC 27401 | <input type="checkbox"/> Delete | Leon E. Porter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V | COLLINS, DENNIS 20450 NORTHWEST SECOND AVE. MIAMI, FL 33169 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE P | BORWN, CLARKE R JR. 3350 PEACHTREE ROAD NE ATLANTA, GA 30326 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leon E. Porter, Secretary Date: **5/1/04** Daytime Phone #: **336-691-3317**