

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002503 (0)**  
 1. Corporation Name  
**MATRIX TELECOM, INC.**

Principal Place of Business <b>8721 AIRPORT FREEWAY FORT WORTH TX 76180</b>	Mailing Address <b>8721 AIRPORT FREEWAY FORT WORTH TX 76180</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/13/1994**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>75-2332193</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_

OFFICERS AND DIRECTORS		
ADDRESS	<b>PD</b> <b>WATERS, RAYMOND S</b> <b>8721 AIRPORT FREEWAY</b> <b>FORT WORTH TX 76180</b>	<input type="checkbox"/> DELETE
ADDRESS	<b>SD</b> <b>FRIEDMAN, GARY L</b> <b>8721 AIRPORT FREEWAY</b> <b>FORT WORTH TX 76180</b>	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<b>V</b> <b>RENERIA, JOE</b> <b>8721 AIRPORT FREEWAY</b> <b>FORT WORTH TX 76180</b>	<input checked="" type="checkbox"/> DELETE
CITY-ST-ZIP	<b>TV</b> <b>BAKER, VIRGINIA A</b> <b>8721 AIRPORT FREEWAY</b> <b>FORT WORTH TX 76180</b>	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<b>D</b> <b>HOWARD, RON</b> <b>8721 AIRPORT FREEWAY</b> <b>FORT WORTH TX 76180</b>	<input checked="" type="checkbox"/> DELETE
CITY-ST-ZIP	<b>D</b> <b>JENSEN, JEFF</b> <b>2121 PRECINCT LINE RD</b> <b>HURST TX 76054</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>James P. Pisani</b>	
1.3 STREET ADDRESS	<b>8721 Airport Freeway</b>	
1.4 CITY-ST-ZIP	<b>Fort Worth, TX 76180</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Anthony E. Papa</b>	
2.3 STREET ADDRESS	<b>8721 Airport Freeway</b>	
2.4 CITY-ST-ZIP	<b>Fort Worth, TX 76180</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Virginia A. Baker</b>	
4.3 STREET ADDRESS	<b>8721 Airport Freeway</b>	
4.4 CITY-ST-ZIP	<b>Fort Worth, TX 76180</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Virginia A. Baker* Virginia A. Baker 5-1-98 (817) 5819380

CR2E034 (10/97)