

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

065887

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90019 041 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F94000002503

1. Corporation Name
MATRIX TELECOM, INC.



Principal Place of Business 8721 AIRPORT FREEWAY FORT WORTH TX 76180	Mailing Address 8721 AIRPORT FREEWAY FORT WORTH TX 76180
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1994	
21	26	4. FEI Number 75-2332193		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 Country		29. Zip Country		30. 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

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 _____

12. OFFICERS AND DIRECTORS

TITLE	PSD <input type="checkbox"/> DELETE
NAME	PISANI, JAMES P
STREET ADDRESS	8721 AIRPORT FREEWAY
CITY-ST-ZIP	FORT WORTH TX 76180
TITLE	D <input type="checkbox"/> DELETE
NAME	PAPA, ANTHONY
STREET ADDRESS	8721 AIRPORT FREEWAY
CITY-ST-ZIP	FORT WORTH TX 76180
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BAKER, VIRGINIA A
STREET ADDRESS	8721 AIRPORT FREEWAY
CITY-ST-ZIP	FORT WORTH TX 76180
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Allen
1.3 STREET ADDRESS	8721 Airport Freeway
1.4 CITY-ST-ZIP	Fort Worth, TX 76180
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey Jensen
2.3 STREET ADDRESS	8721 Airport Freeway
2.4 CITY-ST-ZIP	Fort Worth, TX 76180
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joe Renteria
3.3 STREET ADDRESS	8721 Airport Freeway
3.4 CITY-ST-ZIP	Fort Worth, TX 76180
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Craig Clark
4.3 STREET ADDRESS	8721 Airport Freeway
4.4 CITY-ST-ZIP	Fort Worth, TX 76180
5.1 TITLE	Treasurer/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael Ussery
5.3 STREET ADDRESS	8721 Airport Freeway
5.4 CITY-ST-ZIP	Fort Worth, TX 76180
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, with all other like empowered.

SIGNATURE: Joe Renteria Date: 5-27-99 Daytime Phone #: (817) 581-9380

CR2E034 (11/98)