

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

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90240 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000004200**

1. Corporation Name  
**COLUMBIA TELECOMMUNICATIONS, INC.**



Principal Place of Business 215 S. MONROE, 2ND FL. TALLAHASSEE FL 32301	Mailing Address 215 S. MONROE, 2ND FL. TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/23/1998</b>	
21	26	4. FEI Number <b>72-1332196</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	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				10. Name and Address of New Registered Agent			
DUNBAR, PETER 215 S. MONROE, 2ND FL. 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	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, ROBERT A IV	1.2 NAME	
STREET ADDRESS	4615 NORTH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70806	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, THOMAS A	2.2 NAME	
STREET ADDRESS	11823 MARKET PLACE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70816	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, C. JAMES	3.2 NAME	C. James Rogers
STREET ADDRESS	11823 MARKET PLACE AVE.	3.3 STREET ADDRESS	11823 Market Place Avenue
CITY-ST-ZIP	BATON ROUGE LA 70816	3.4 CITY-ST-ZIP	Baton Rouge, LA 70816
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASMAR, PHILIP J	4.2 NAME	
STREET ADDRESS	650 TOWER CENTER DR., STE. 1999	4.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626-1925	4.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, THOMAS J	5.2 NAME	
STREET ADDRESS	4400 N. FEDERAL HWY., STE. 306	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	5.4 CITY-ST-ZIP	
TITLE	CFO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	CAO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUVILLION, RONALD G	6.2 NAME	D. Allynn Madere
STREET ADDRESS	338 CORNELL AVE.	6.3 STREET ADDRESS	1340 Poydras Street, Suite 350
CITY-ST-ZIP	BATON ROUGE LA 70808	6.4 CITY-ST-ZIP	New Orleans, LA 70112

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] 1-28-99 225-297-2500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)