

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morinam Secretary of State DIVISION OF CORPORATIONS |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 JAN 31 AM 9:03

DOCUMENT # P09200 (7)

1. Corporation Name
LDDS COMMUNICATIONS, INC.

| | |
|---|--|
| Principal Place of Business 515 EAST AMITE STREET JACKSON MS 39201 | Mailing Address P.O. BOX 23397 JACKSON MS 39201 |
|---|--|

DO NOT WRITE IN THIS SPACE.

| | | | |
|--------------------------------------|---------------------------|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 02/21/1986 | 3a. Date of Last Report 03/24/1994 |
| 22 | 27 | 4. FEI Number 58-1521612 | Applied For <input type="checkbox"/> Not Applicable |
| 23 | 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 | 29 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 25 | 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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

| 12. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO BERNARD EBBERS 515 EAST AMITE STREET JACKSON MS 39201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO CHARLES CANNADA 515 EAST AMITE STREET JACKSON MS 39201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CARL AYCOCK 515 EAST AMITE STREET JACKSON MS 39201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD JOHN W. KLUGE 515 EAST AMITE STREET JACKSON MS 39201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD JOHN A. PORTER 515 EAST AMITE STREET JACKSON MS 39201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERNARD EBBERS 515 EAST AMITE STREET JACKSON MS 39201 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | DELETE |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | SCOTT SULLIVAN |
| 3.3 STREET ADDRESS | 515 EAST AMITE ST |
| 3.4 CITY-ST-ZIP | JACKSON MS 39201 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 registered agent or a person 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 correct address if not.

SIGNATURE: SCOTT SULLIVAN Date: 1-18-95 Distinguishing #: 601-360-8600