FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39830** **(5)**

1. Corporation Name

EQUAL NET COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
2000 DAIRY ASHFORD SUITE 625 HOUSTON TX 77077	P.O. BOX 441085 HOUSTON TX 77244 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/24/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 1250 Wood Branch Park Dr.	26 1250 Wood Branch Park Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Houston, TX	28 Houston, TX
24 Zip 77079-1212 25 Country U.S.A.	29 Zip 77079-1212 30 Country U.S.A.

4. FEI Number: 76-0315215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	C D	☒ Change ☐ Addition
NAME	RUSSELL, ZANE D.	1.2 NAME		
STREET ADDRESS	2000 DAIRY ASHFORD	1.3 STREET ADDRESS	1250 Wood Branch Park Dr.	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	Houston, TX 77079	
TITLE	VP	2.1 TITLE	P	☒ Change ☐ Addition
NAME	SMITH, MARC R.	2.2 NAME		
STREET ADDRESS	2000 DAIRY ASHFORD	2.3 STREET ADDRESS	1250 Wood Branch Park Dr.	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	Houston, TX 77079	
TITLE	VST	3.1 TITLE		☒ Change ☐ Addition
NAME	RUSSELL, BYRON A.	3.2 NAME		
STREET ADDRESS	2000 DAIRY ASHFORD	3.3 STREET ADDRESS	1250 Wood Branch Park Dr.	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	Houston, TX 77079	
TITLE	D	4.1 TITLE	D V	☒ Change ☐ Addition
NAME	HLINAK, MICHAEL L.	4.2 NAME		
STREET ADDRESS	1716 MANGUM	4.3 STREET ADDRESS	1250 Wood Branch Park Dr.	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	Houston, TX 77079	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BROCK, JAMES H., JR.	5.2 NAME	Brice, John	
STREET ADDRESS	770 S. POST OAK DR., #470	5.3 STREET ADDRESS	1250 Wood Branch Park Dr.	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	Houston, TX 77079	
TITLE	D	6.1 TITLE	D V	☒ Change ☐ Addition
NAME	FISHER, DEAN H.	6.2 NAME		
STREET ADDRESS	2000 DAIRY ASHFORD, #625	6.3 STREET ADDRESS	1250 Wood Branch Park Dr.	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	Houston, TX 77079	

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 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: _____ Michael Hlinak,CFO 4-6-95 (713)556-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481123 FP