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

PROFIT

Mar 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 857676 IDB WORLDCOM SERVICES, INC. Principal Place of Business Mailing Address 515 EAST AMITE STREET 515 E AMITE ST JACKSON MS 39201-2702 JACKSON MS 39201-2702 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 04-1913895 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. □ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NRAI SERVICES, INC. 526 EAST PARK AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ZE034 (10/97 OFFICERS AND DIRECTORS 12. 13. **PCEO** Addition DELETE 1,1 TITLE Change TITLE EBBERS, BERNARD J. NAME 1.2 NAME 515 EAST AMITE STREET 1.3 STREET ADDRESS STREET ADDRESS JACKSON MS CITY-ST-ZIP 1.4 CITY-ST-ZIP STCF DELETE Change Addition TITLE 2.1 TITLE SULLIVAN, SCOTT NAME 2.2 NAME 515 EAST AMITE STREET STREET ADDRESS 2.3 STREET ADDRESS JACKSON MS 2. 4 CITY - ST - ZIP CITY-ST-ZIP **VPC** DELETE Change Addition TITLE 3.1 TITLE MYERS, DAVID NAME 3.2 NAME 515 EAST AMITE STREET STREET ADDRESS 3.3 STREET ADDRESS JACKSON MS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change CANNADA, CHARLES T NAME 4. 2 NAME 515 EAST AMITE STREET STREET ADDRESS 4.3 STREET ADDRESS JACKSON MS CITY-ST-ZIP 4.4 CITY-ST-ZIP Assistant Becretary DELETE X Addition TITLE 5.1 TITLE William E. Anderson 5.2 NAME NAME 515 East Amite Street STREET ADDRESS 5.3 STREET ADDRESS Jackson, MS 39201-2702 CITY-ST-ZIP 5.4 CfTY - ST - ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 trusted 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.

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