2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000536

1. Enbty Name
U.S. TELEPACIFIC CORP.

Principal Place of Business

Mailing Address

515 SOUTH FLOWER STREET, 47TH FLOOR LOS ANGELES, CA 90071 515 SOUTH FLOWER STREET, 47TH FLOOR LOS ANGELES, CA 90071

FILED May 24, 2004 08:00 AM Secretary of State



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05112004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4593876 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

LOS ANGELES, CA 90071

LOS ANGELES, CA 90071

515 S, FLOWER ST, 47TH FLOOR

DELAHANTY, JANE

DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FL 32301-2525			IN THIS SPACE		
	named entity submits this statement for the gions of registered agent.	purpose of changing its registered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered Agent signate	re required when reinstalling)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTION CEO JALKUT, RICHARD 515 S. FLOWER ST. 47TH FLOOR LOS ANGELES, CA 90071 CFOT WELSH, GENE 515 S. FLOWER ST. 47TH FLOOR LOS ANGELES, CA 90071	CTORS		000000161323 05/24/04-80003-021 150.00	
INTLE MAME STREET ADDRESS CHY-ST-ZIP TITLE MAME STREET ADDRESS	S EVERBACH, ERICH E 515 S. FLOWER ST. 47TH FLOOR LOS ANGELES, CA 90071 AS GOOLDY, KIRSTIN 515 S. FLOWER ST. 47TH FLOOR			NOT WRITE THIS SPACE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 Chanter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/10/04 213-3288