


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F00000001708</b> 1. Entity Name ONFIBER CARRIER SERVICES, INC.	
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Principal Place of Business 11921 N. MOPAC EXPRESSWAY, STE. 100 AUSTIN, TX 78759	Mailing Address 11921 N. MOPAC EXPRESSWAY, STE. 100 AUSTIN, TX 78759
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**DO NOT WRITE IN THIS SPACE**

FILED  
04 JAN 16 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3350494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BOTTOMS, DANNY 21587 E. BRIARWOOD DR. AURORA, CO 80016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO GUESS, MICHAEL 8101 CRABTREE COVE AUSTIN, TX 78750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF TIPTON, JAMES 9209 SPICEBRUSH DR. AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOOTH, JAMES F 2529 S. XENON COURT LAKEWOOD, CO 80228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTTOMS, DANNY 21587 E. BRIARWOOD DR. AURORA, CO 80016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400027617954  
01/26/04--01088--005 \*\*150.00

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12. 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 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 Chapter 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:  **1/12/04 (512) 651-7445**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #