2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 20, 2006 08:00 AN **DOCUMENT # F00000002063** 1. Entity Name **Secretary of State** TELEPAK NETWORKS, INC. Principal Place of Business Mailing Address 125 S. CONGRESS ST., STE. 1100 125 S. CONGRESS ST., STE. 1100 ATTN: GREGG LOGAN JACKSON, MS 39201 JACKSON, MS 39201 CR2E034 (11/05) 01102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 64-0778596 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOORE, H. EDWARD JR. DO NOT WRITE 220 WEST GARDEN STREET SUNTRUST TOWER, 9TH FLOOR IN THIS SPACE PENSACOLA, FL 32501 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 original name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CREEKMORE, WADE H JR. NAME 125 S. CONGRESS ST., STE. 1100 STREET ADDRESS HD0000441853 03/03/06-80052-024 150.00 CITY-ST-7IP JACKSON, MS 39201 TITLE CREEKMORE, JAMES H SR. MAME STREET ADDRESS 125 S. CONGRESS ST., STE. 1100 CITY-ST-ZIP JACKSON, MS 39201 VΡ TITLE LOGAN, GREGG NAME 125 SOUTH CONGRESS STREET SUITE 1830 STREET ADDRESS DO NOT WRITE JACKSON, MS 39201 CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-7P mie NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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:

CITY-ST-ZIP ₹MLE

STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR