


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90040 033 \*\*\*150.00

**DOCUMENT # F00000002063**

1. Entity Name  
**TELEPAK NETWORKS, INC.**



Principal Place of Business  
**125 S. CONGRESS ST., STE. 1100  
 JACKSON, MS 39201**

Mailing Address  
**125 S. CONGRESS ST., STE. 1100  
 ATTN: GREGG LOGAN  
 JACKSON, MS 39201**

40064341



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc  
 City & State  
 Zip Country

04022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**MOORE, H. EDWARD JR.  
 220 WEST GARDEN STREET  
 SUNTRUST TOWER, 9TH FLOOR  
 PENSACOLA, FL 32501**

4. FEI Number  
**64-0778596**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P CREEKMORE, WADE H JR. 125 S. CONGRESS ST., STE. 1100 JACKSON, MS 39201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VP CREEKMORE, JAMES H SR. 125 S. CONGRESS ST., STE. 1100 JACKSON, MS 39201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VP LOGAN, GREGG 125 SOUTH CONGRESS STREET SUITE 1830 JACKSON, MS 39201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: James H Creekmore **4-13-07** **601-355-1522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #