2004 FOR P

PROFIT CORPORATION NUAL REPORT		Apr 27, 2004 8:00 am Secretary of State
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DOCUMENT # F000 1. Entity Name MOMENTUM TELECOM, INC. Principal Place of Business Mailing Address უቌບ " 2700 CORPORATE DRIVE 2700 CORPORATE DRIVE SHITE 200-SUITE 200 BIRMINGHAM, AL 35242 BIRMINGHAM, AL 35242 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 63-1248402 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI 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 acceptthe obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CREIGHTON, ALAN L NAME NAME **STREET ADDRESS** 2700 COPORATE DRIVE, SUITE 200 STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35242 CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME LIPFORD, DENNIS NAME STREET ADDRESS 2700 CORPORATE DRIVE, SUITE 200 STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35242 CITY - ST - ZIP TITLE ☐ Delete TITLE Change ■ Addition BENCK, DAVID NAME NAME 2700 CORPORATE DRIVE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35242 CITY-ST-7IP TITLE ☐ Delete THTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.