2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004
Secretary of State

DOCUMENT# F00000005142

Entity Name: AMERICAN FIBER SYSTEMS, INC.

Current Principal Place of Business:

100 MERIDIAN CENTRE, SUITE 250
ROCHESTER, NY 14623

New Principal Place of Business:

Current Mailing Address:

100 MERIDIAN CENTRE, SUITE 250
ROCHESTER, NY 14623

New Mailing Address:

FEI Number: 16-1584044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: RUSIN, DAVID G
Address: 22 HARWOOD LANE
City-St-Zip: EAST ROCHESTER, NY 14445 US

Title: D ( ) Delete
Name: MALONE, JOHN
Address: ONE CROSSROADS DRIVE
City-St-Zip: BEDMINSTER, NJ 07921 US

Title: VS ( ) Delete
Name: RAMACHANDRAN, GITA
Address: 1512 EAST AVENUE
City-St-Zip: ROCHESTER, NY 14610 US

Title: D ( ) Delete
Name: DRAZEN, JEFFREY
Address: 3000 SAND HILL ROAD, BLDG. 4, SUITE 210
City-St-Zip: MENLO PARK, CA 94025 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MORRISSETTE, MARK
Address: TWO CITY CENTER, FIFTH FLOOR
City-St-Zip: PORTLAND, ME 04101

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GITA RAMACHANDRAN S 05/25/2004

Electronic Signature of Signing Officer or Director — Date