2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # F01000001237

1. Entity Name

CINCINNATI BELL PUBLIC COMMUNICATIONS INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90096 004 ***150.00

				SO WE 19		
Principal Place of Business 201 EAST 4TH STREET, STE 102-715 CINCINNATI OH 45202		201 EAST 4TH S	Mailing Address 201 EAST 4TH STREET. STE 102-715 CINCINNATI OH 45202			
2. Principal Place of Business		3. Mailing Addres	3. Mailing Address			0 1 1818 1888 1811 1881 1881
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State	City & State		4. FEI Number 31-1704789	Applied For Not Applicable
Zip	Country	Zip	Country			8.75 Additional ee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CORPORATION SEI	RVICE COMPANY	-		Name	(P.O. Box Number is Not Acceptable)	
1201 HAYS STREET	Τ		Sileet Address		(F.O. Box Number is Not Acceptable)	
TALLAHASSEE FL S	32301			4.		
				City	FL	Zip Code
8. The above named en the obligations of reg	tity submits this statem istered agent.	nent for the purpose of char	nging its registere	d office or registe	ered agent, or both, in the State of Florida. I am fai	miliar with, and accept
SIGNATURE					·	
Signature, typ	ed or printed name of registered	d agent and title if applicable.	(NOTE: Registered	Agent signature require	d when reinstating) DATE	
						

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

10.	OFFICEDS AND DIRECTO	I	144	ADDITIONS IN LANGES TO DEFINE TO A SECOND AND THE S			
STAGETORS			11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ĮT .	☐ Delete	TITLE	SECRETARY Change PAddition			
NAME	PETERSON, MARK W		NAME	Toffrey C. Smith			
STREET ADDRESS	201 EAST 4TH STREET, STE 102-715		STREET ADDRESS	Jeffrey C. Smith 1/22 capital of Taxes Huy S.			
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP	Austin TX 78746			
	· · · · · · · · · · · · · · · · · · ·						
TITLE	D	Delete	TITLE	Assistant Secretary Change Anddition			
NAME	ELLENBERGER, RICHARD G		NAME	Amy Collins			
STREET ADDRESS	201 EAST 4TH STREET		STREET ADDRESS	and E Wastreet			
CITY-ST-ZIP	CINCINNATI OH		CITY-ST-ZIP	Amy Collins 201 E YAStreet Circinneti OH 45202			
TITLE	n	☐ Delete	TITLE				
NAME		LJ Delete	NAME	Change ☐ Addition			
STREET ADDRESS	CASIDY, JOHN F						
	201 EAST 4TH STREET, STE 108-715	•	STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP				
TITLE	C00	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	MOONEY, KEVIN W		NAME				
STREET ADDRESS	201 EAST 4TH STREET, STE 108-715		STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP	'			
	O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0111-01-211				
TITLE	DIRECTOR	☐ Delete	TITLE	Change Addition			
NAME	Kevin W. Mooney		NAME	,			
STREET ADDRESS	201 FURStreet		STREET ADDRESS				
CITY-ST-ZIP	DIRECTOR Kevin W. Mooney 201 E 4th Street Cincinnation 45202		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				
NAME		□ Delete		☐ Change ☐ Addition			
STREET ADDRESS			NAME				
			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	1			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETIAL

1-6-03

5733970373

Daytime Phone #

CR2E034 (10/02