

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001333

Entity Name: SAGE TELECOM, INC.

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

805 CENTRAL EXPRESSWAY, SUITE 100
ALLEN, TX 750132789

New Principal Place of Business:

805 CENTRAL EXPRESSWAY, SOUTH
SUITE 100
ALLEN, TX 75013

Current Mailing Address:

805 CENTRAL EXPRESSWAY, SUITE 100
ALLEN, TX 750132789

New Mailing Address:

805 CENTRAL EXPRESSWAY, SOUTH
SUITE 100
ALLEN, TX 75013

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: KUSHNER, BRIAN
Address: 805 CENTRAL EXPRESSWAY STE. 100
City-St-Zip: ALLEN, TX 75013

Title: TSVP () Delete
Name: DEBUS, JOHN
Address: 805 CENTRAL EXPRESSWAY, STE. 100
City-St-Zip: ALLEN, TX 75013

Title: SVP () Delete
Name: SEIDEN, JEFF
Address: 805 CENTRAL EXPRESSWAY, STE. 100
City-St-Zip: ALLEN, TX 75013

Title: SVP () Delete
Name: MCCAUSLAND, ROBERT
Address: 805 CENTRAL EXPRESSWAY STE. 100
City-St-Zip: ALLEN, TX 75013

Title: D () Delete
Name: PARISI, RICH
Address: 805 CENTRAL EXPRESSWAY, STE. 100
City-St-Zip: ALLEN, TX 75013

Title: D () Delete
Name: LOVITT, ARA
Address: 805 CENTRAL EXPRESSWAY, STE. 100
City-St-Zip: ALLEN, TX 75013

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN DEBUS

TSVP

01/05/2009

Electronic Signature of Signing Officer or Director

Date