

CT CORPORATION SYSTEM

# FOI000003383

FILED  
01 JUN 25 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Valta Communications, Inc.

600004439586--5  
-06/25/01-01115-002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

600004439586--5  
-06/25/01-01115-003  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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|--|---|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                 | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign        | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                       | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Photocopies               | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> Call If Problem    |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

RECEIVED  
01 JUN 25 PM 1:57  
DIVISION OF CORPORATION

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

6/25/01

Order#: 4575698

Ref#: **BK**

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

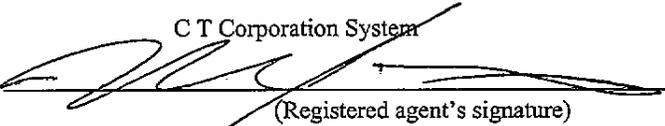
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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1. Valta Communications, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Louisiana 3. 72-1472071  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/10/2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qual  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5158 Interstate Drive, Suite 309, Shreveport, LA 71109  
(Principal office address)  
same  
(Current mailing address)
8. Telecommunications field work. Upgrading equipment in cell sites.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: C T Corporation System  
  
(Registered agent's signature) **Michael E. Jones**  
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

SEE ATTACHMENT

Chairman: Dustin I. Thompson

Address: 5158 Interstate Drive, Suite 309  
Shreveport, LA 71109

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: James Heath Stevens

Address: 5158 Interstate Drive, Suite 309  
Shreveport, LA 71109

Director: Charles C. Grubb

Address: 400 Travis Street, Ste. 1805  
Shreveport, LA 71101

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

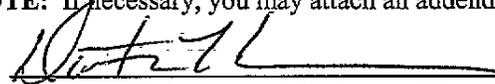
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

SEE ATTACHMENT

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dustin I. Thompson, President

(Typed or printed name and capacity of person signing application)

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Attachment to Florida  
 Application By Foreign Corporation for Authorization to Transact Business In Florida  
**Officers & Directors**

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 TALLAHASSEE, FLORIDA

1. Full Name: Dustin I. Thompson  
 Officer/Director: Officer, Director  
 Officer's Title: CEO  
 Director's Title: Chairman  
 Business Address: 5158 Interstate Drive, Suite 309  
 City: Shreveport  
 State: LA  
 ZIP Code: 71109
  
2. Full Name: James Heath Stevens  
 Officer/Director: Officer, Director  
 Officer's Title: COO  
 Director's Title: Other Director  
 Business Address: 5158 Interstate Drive, Suite 309  
 City: Shreveport  
 State: LA  
 ZIP Code: 71109
  
3. Full Name: Charles C. Grubb  
 Officer/Director: Director  
 Director's Title: Other Director  
 Business Address: 400 Travis Street, Ste. 1805  
 City: Shreveport  
 State: LA  
 ZIP Code: 71101
  
4. Full Name: Benjamin A. Miller  
 Officer/Director: Director  
 Director's Title: Other Director  
 Business Address: 2800 Youree Drive, Ste. I-240  
 City: Shreveport  
 State: LA  
 ZIP Code: 71104

UNITED STATES OF AMERICA  
State of Louisiana  
UNION JUSTICE AND CONFIDENCE

FILED  
JUN 25 2001  
SHREVEPORT  
LOUISIANA

**Jox McKeithen**  
SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*

VALTA COMMUNICATIONS, INC.

A LOUISIANA corporation domiciled at SHREVEPORT,

Filed charter and qualified to do business in this State on  
April 10, 2000,

I further certify that the records of this Office indicate  
the corporation has paid all fees due the Secretary of  
State, and so far as the Office of the Secretary of State is  
concerned is in good standing and is authorized to do  
business in this State.

I further certify that this Certificate is not intended to  
reflect the financial condition of this corporation since  
this information is not available from the records of this  
Office.

*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,*

June 13, 2001

*Jox McKeithen*

BRI 34923436D  
*Secretary of State*

