1 of 2

APPROVED AND FILED

03 AUG 27 PM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000006171

1. Entity Name
W.S. Telecom Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2506 Lakeland Dr	2506 Lakeland Dr
Suite, Apt. #, etc. Ste 100	Suite, Apt. #, etc. Ste 100
City & State Jackson MS	City & State Jackson MS
Zip 39232 Country Rankin	Zip 39232 Country Rankin

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0937709 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: NRAI Services Inc.

Street Address (P.O. Box number is Not Acceptable): 526 E Park Ave

City: Tallahasse FL Zip Code: 32301

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 accept the 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

200022589272
08/27/03--01001--006 **558.75

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/C	Wade Spooner	2506 Lakeland Dr Ste 100	Jackson MS 39232
VP/D	Ted Parsons	2506 Lakeland Dr Ste 100	Jackson MS 39232
S/T	Lisa Dunn	2506 Lakeland Dr Ste 100	Jackson MS 39232

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa Dunn Lisa Dunn 8-18-03 601-420-6473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

Attachment

eXpeTel
COMMUNICATIONS

F01000006471

August 18, 2003

Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee FL 32302-1500

RE: W.S. Telecom, Inc.

Enclosed is our annual report for the year 2002 and a check in the amount of $558.75 for our fee and for a certificate of status. I never received this form from your office to file.

You have the wrong number for our FEIN. The correct number is 64-0937709. I have enclosed a copy of our IRS notice assigning us our FEIN.

If you have any questions, please contact me at 1-800-310-4481, Extension 215, or my direct line 601-420-6473. My email address is ldunn@expetel.com.

Thank you for your help.

Lisa Dunn

Lisa Dunn
Director of Accounting

2506 Lakeland Drive • Suite 405 • Jackson • Mississippi • 39232 • Office: 601.664.1008 • Fax: 601.664.1190
www.expetel.com