

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 AUG 27 PM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006171

1. Entity Name

W.S. Telecom Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2506 Lakeland Dr

3. Mailing Address

2506 Lakeland Dr

Suite, Apt. #, etc.

Ste 100

Suite, Apt. #, etc.

Ste 100

City & State

Jackson MS

City & State

Jackson MS

Zip

39232 Rankin

Zip

39232 Rankin

4. FEI Number

64-0937709

Applied For

Not Applicable

5. Certificate of Status Desired

58.75

Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ORAE Services Inc.

Street Address (P.O. Box Number is Not Acceptable)

5216 E Park Ave

City
Tallahassee

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 the 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	PIC Wade Spooner 2506 Lakeland Dr Ste 100 Jackson MS 39232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI Ted Parsons 2506 Lakeland Dr Ste 100 Jackson MS 39232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT Lisa Dunn 2506 Lakeland Dr Ste 100 Jackson MS 39232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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)



20
FD1000000671

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.

A handwritten signature in cursive script that reads "Lisa Dunn".

Lisa Dunn
Director of Accounting