


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F02000001258 1. Entity Name CRESCENT TELEPHONE COMPANY, INC. |  |
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| Principal Place of Business 6 NEVADA DRIVE, BLDG. C LAKE SUCCESS, NY 11042 | Mailing Address 6 NEVADA DRIVE, BLDG. C LAKE SUCCESS, NY 11042 |
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DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 11-3505928 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD., SUITE 508
 MIAMI, FL 33156

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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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

~~U00000073976~~
~~03/10/04-00058-015 150.00~~

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCALICE, ANTHONY M 6 NEVADA DRIVE, BLDG. C LAKE SUCCESS, NY 11042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MACALUSO, CHARLES 6 NEVADA DRIVE, BLDG. C LAKE SUCCESS, NY 11042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KLEIN, JOEL L 6 NEVADA DRIVE, BLDG. C LAKE SUCCESS, NY 11042 |
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U00000083017
 03/10/04-80022-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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]* President 3-1-04 (516)326-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #