

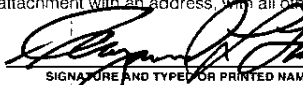


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90048 022 \*\*\*150.00

<b>DOCUMENT # F03000002601</b>					
<b>1. Entity Name</b> TSI TELECOMMUNICATION NETWORK SERVICES INC.					
<b>Principal Place of Business</b> 201 NORTH FRANKLIN STREET, STE. 700 TAMPA, FL 33602			<b>Mailing Address</b> 201 NORTH FRANKLIN STREET, STE. 700 TAMPA, FL 33602		
<b>2. Principal Place of Business</b> ONE TAMPA CITY CENTER Suite, Apt. #, etc. 700 City & State		<b>3. Mailing Address</b> ONE TAMPA CITY CENTER Suite, Apt. #, etc. 700 City & State			
Zip 33602-5157		Country		01132004 Chg-P CR2E034 (10/03)	
4. FEI Number 30-0041667		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO EVANS, G. EDWARD 201 NORTH FRANKLIN STREET, STE. 700 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE TAMPA CITY CENTER, SUITE 700	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNINI, DAVID 6100 SEARS TOWER CHICAGO, IL 606066402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHE, COLLIN 6100 SEARS TOWER CHICAGO, IL 606066402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD, ODIE C 236 OLD PROSPECT PT. RD. GRAND CAYMAN, CAYMAN ISLANDS, BWI		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLCOMBE, TONY G 318 SEABORD LANE, STE. 202 FRANKLIN, TN 37067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS LAWLESS, RAYMOND L 201 NORTH FRANKLIN STREET, STE. 700 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE TAMPA CITY CENTER SUITE 700	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  RAYMOND L. LAWLESS 1/11/04 SECRETARY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					