
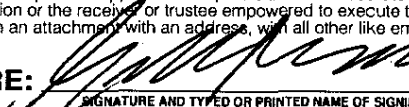


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90032 024 ***150.00

DOCUMENT # F03000004184 1. Entity Name BROADWING COMMUNICATIONS EMPLOYEES, INC.					
Principal Place of Business 1122 CAPITAL OF TEXAS HIGHWAY SOUTH AUSTIN, TX 78746			Mailing Address 1122 CAPITAL OF TEXAS HIGHWAY SOUTH AUSTIN, TX 78746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		07072004 Chg-P CR2E034 (10/03)	
4. FEI Number 01-0776356				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			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstalling) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPAGNOLO, MARK 7015 ALBERT EINSTEIN DRIVE COLUMBIA, MD 21046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark Spagnolo 1122 Capital of Texas Hwy. So. Austin, TX 78746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSEN, KIM 7015 ALBERT EINSTEIN DRIVE COLUMBIA, MD 21046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kim Larsen 1122 Capital of Texas Hwy. So. Austin, Texas 78746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MONDSCHIEIN, WARREN 7015 ALBERT EINSTEIN DRIVE COLUMBIA, MD 21046	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Gordon P. Williams, Jr. 1122 Capital of Texas Hwy. So. Austin, TX 78746	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, LYNN 7015 ALBERT EINSTEIN DRIVE COLUMBIA, MD 21046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lynn Anderson 1122 Capital of Texas Hwy. So. Austin, TX 78746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SPAGNOLO, MARK 7015 ALBERT EINSTEIN DRIVE COLUMBIA, MD 21046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Mark Spagnolo 1122 Capital of Texas Hwy. So. Austin, TX 78746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANDERSON, LYNN 7015 ALBERT EINSTEIN DRIVE COLUMBIA, MD 21046	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Lynn Anderson 1122 Capital of Texas Hwy. So. Austin, TX 78746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 				Gordon P. Williams, Jr. Asst. Secretary	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(512) 742-3700 Daytime Phone #	