
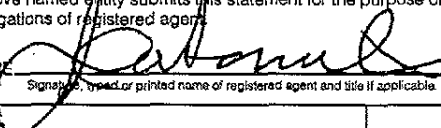



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005746</b>		
1. Entity Name <b>SWAYZEE TELEPHONE COMPANY BROADBAND INC.</b>		
Principal Place of Business <b>214 S. WASHINGTON ST. SWAYZEE, IN 46986-0070</b>	Mailing Address <b>PO BOX 70 SWAYZEE, IN 46986-0070</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TROVILLION, JAYE 6322 LITHIA PINECREST RD LITHIA, FL 33547</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating) _____ Signature, typed or printed name of registered agent and title if applicable. DATE <u>01/08/04</u>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT SAMUELS, SAM PO BOX 70 SWAYZEE, IN 469860070	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TROVILLION, JAY PO BOX 70 SWAYZEE, IN 469860070	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMUELS, CAROL PO BOX 70 SWAYZEE, IN 469860070	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Date <u>01/05/04</u> Daytime Phone # <u>765-932-7816</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>35-1893769</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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01/13/04-80004-011 150.00