SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 25 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000265**

1. Corporation Name

LDN, INC. (cross referenced name of Network Long Distance, Inc.)
now known as Eclipse Telecommunications, Inc.
(name change document filed in FL 7-16-98) [illegible]

Principal Place of Business	Mailing Address
11817 CANON BLVD. STE. 600 NEWPORT NEWS VA 23606 US	11817 CANON BLVD. STE. 600 NEWPORT NEWS VA 23606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1993

2. Principal Place of Business	2a. Mailing Address
21 1122 Capital of Texas Hwy	26 1122 Capital of Texas Hwy
22 Suite, Apt. #, etc. So.	27 Suite, Apt. #, etc. So.
23 City & State: Austin, TX	28 City & State: Austin, TX
24 Zip: 78746 25 Country: USA	29 Zip: 78746 30 Country: USA

4. FEI Number: 71-1122018 please correct 72-1122018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible personal property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 200003026982--1 -10/27/99--01095--006 ****158.75 ****
84 City FL

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CRAWFORD, JOHN 11817 CANON BLVD. STE. 600 NEWPORT NEWS VA 23606	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CP Zrno, John M. 1122 Capital of Texas Hwy So. Austin, TX 78764 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARTON, TIMOTHY A 11817 CANON BLVD. STE. 600 NEWPORT NEWS VA 23606	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Stanley W. Katz 1122 Capital of Texas Hwy So Austin, TX 78746 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KEEFE, THOMAS 11817 CANON BLVD. STE. 600 NEWPORT NEWS VA 23606	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Jeffrey C. Smith 1122 Capital of Texas Hwy So. Austin, Texas 78746 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FERDMAN, DAVID 11817 CANON BLVD. STE. 600 NEWPORT NEWS VA 23606	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Stuart K. Coppens 1122 Capital of Texas Hwy So. Austin, TX 78746 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEAF, JOHN 11817 CANON BLVD. STE. 600 NEWPORT NEWS VA 23606	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	No late fee - Amend. filed 7/16/98 was filed in error to S62041, caused name confusion ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SP Jeffrey C. Smith, Sec & Director 10/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #