2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000265

Entity Name: CINCINNATI BELL ANY DISTANCE INC.

FILED Apr 28, 2004 Secretary of State

Current Pr	e of Rusiness:	New Princ	New Principal Place of Business:			
Current Principal Place of Business: 1122 CAPITAL OF TEXAS HWY. SO. AUSTIN, TX 78746 US			201 EAST	201 EAST FOURTH STREET CINCINNATI, OH 45202 US		
Current Mailing Address:			New Maili	New Mailing Address:		
1122 CAPITAL OF TEXAS HWY. SO. AUSTIN, TX 78746 US				201 EAST FOURTH STREET CINCINNATI, OH 45202 US		
FEI Number:	72-1122018	FEI Number Applied For () FEI I	Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO (MOONEY, KE' 201 E 4TH ST CINCINNATI, G	REET	Title: Name: Address: City-St-Zip:	PCEO CASSIDY, J 201 E 4TH S CINCINNATI		
Title: Name: Address: City-St-Zip:	WILLIAMS, G	OF TEXAS HWY SO.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SMITH, JEFFF	OF TX HIGHWAY S	Title: Name: Address: City-St-Zip:		(X) Change () Addition MY K OURTH STREET , OH 45202 US	
Title: Name: Address: City-St-Zip:	T (PETERSON, M 201 E FOURT CINCINNATI, O	H STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (X COLLINS, AM 201 E 4TH ST CINCINNATI, O	REET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title [.]	D () Delete	Title [.]	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

BROWN, SHANE

201 E FOURTH STREET

CINCINNATI, OH 45201

SIGNATURE: AMY COLLINS S 04/28/2004

SCHILLING, THOMAS L

201 E FOURTH STREET

CINCINNATI, OH 45201

Name:

Address:

City-St-Zip: