

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Monrham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000002580 (9)**

1. Corporation Name

**PSI TELECOMMUNICATIONS, INC.**

FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -6 PM 1:41

Principal Place of Business

3333 N. SAN FERNANDO BLVD.  
BURBANK CA 91504

Mailing Address

3333 N. SAN FERNANDO BLVD.  
BURBANK CA 91504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/03/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

**95-2121704**

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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**LOEB, DAVID  
106 ALAMEDA CT  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>C</b>
NAME	<b>STEVENS, ARNOLD</b>
STREET ADDRESS	<b>3333 N. SAN FERNANDO BLVD</b>
CITY-ST-ZIP	<b>BURBANK CA 91504</b>
TITLE	<b>DP</b>
NAME	<b>STEVENS, LINDSAY</b>
STREET ADDRESS	<b>3333 N. SAN FERNANDO BLVD</b>
CITY-ST-ZIP	<b>BURBANK CA 91504</b>
TITLE	<b>DS</b>
NAME	<b>STEVENS, MELINA</b>
STREET ADDRESS	<b>3333 N. SAN FERNANDO BLVD</b>
CITY-ST-ZIP	<b>BURBANK CA 91504</b>
TITLE	<b>V</b>
NAME	<b>FLANNERY, BOBBIE</b>
STREET ADDRESS	<b>3333 N. SAN FERNANDO BLVD</b>
CITY-ST-ZIP	<b>BURBANK CA 91504</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 registered agent 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 of this report, or on an attachment with an address.

SIGNATURE: *Lindsay Stevens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-95

Date (typed or printed)