F93000003664

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
. (Business Entity Name)			
(Document Number)			
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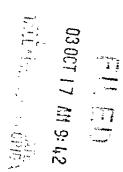
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October 8, 2003

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 123$.

Sincerely,

C.D.Lon Carmen Dixon

Corporate Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0502, 6 d corporation organized under the laws of the S	
	lowing statement in order to change its register	
1. The name of	the corporation: Lightyear Communicati	ions, Inc.
 2. The mailing	address of the corporation: 1901 Eastpoir	nt Pkwy , Louisville, KY 40223
3. Date of inco	rporation/qualification: August 11, 1993	Document number: F9300003664
4. The name an	d address of the current registered agent and reg	ristered office:
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation,FL 33324	
5. The name an	d address of the new registered agent (if change (P.O. Box NOT Acceptal	• • • • • • • • • • • • • • • • • • • •
-	NRAI Services, Inc.	0
<u>-</u>	526 E. Park Avenue	AS O
<u>-</u>	Tallahasse, FL 32301	
	ess of its registered office and the street addres ed, will be identical.	~ 43 : :
Such change wanthorized the	as authorized by resolution duly adopted by its	9- 2
fall	(Signature of chairman, vice chairman, or officer)	9-25-03 (Date)
Tom I Gr	Printed or typed name and titley po	Affaire
Having been na corporation, I h further agree to performance of registerect ugen	med as registered agent and to accept service vereby accept the appointment as registered ag to comply with the provisions of all statutes re my duties, and I am familiar with and accept t	of process for the above stated ent and agree to act in this capacity. lative to the proper and complete the obligation of my position as
('a.	rner Dros	. 9–9–03
(S	ignature of Registered Agent)	(Date)
f signing on behal	•	
	ton, Assistant Secretary Typed or Printed Name)	(Capacity)
(,	Types of Finites Hames	(Capacity)

* * * FILING FEE: \$35.00 * * *