

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90019 041 ***550.00

DOCUMENT # F94000002503

1. Corporation Name
MATRIX TELECOM, INC.

Principal Place of Business
**8721 AIRPORT FREEWAY
FORT WORTH TX 76180**

Mailing Address
**8721 AIRPORT FREEWAY
FORT WORTH TX 76180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1994	
21		26		4. FEI Number 75-2332193	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**C T 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	
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PISANI, JAMES P	1.2 NAME	John Allen
STREET ADDRESS	8721 AIRPORT FREEWAY	1.3 STREET ADDRESS	8721 Airport Freeway
CITY-ST-ZIP	FORT WORTH TX 76180	1.4 CITY-ST-ZIP	Fort Worth, TX 76180
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPA, ANTHONY	2.2 NAME	Jeffrey Jensen
STREET ADDRESS	8721 AIRPORT FREEWAY	2.3 STREET ADDRESS	8721 Airport Freeway
CITY-ST-ZIP	FORT WORTH TX 76180	2.4 CITY-ST-ZIP	Fort Worth, TX 76180
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, VIRGINIA A	3.2 NAME	Joe Renteria
STREET ADDRESS	8721 AIRPORT FREEWAY	3.3 STREET ADDRESS	8721 Airport Freeway
CITY-ST-ZIP	FORT WORTH TX 76180	3.4 CITY-ST-ZIP	Fort Worth, TX 76180
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Craig Clark
STREET ADDRESS		4.3 STREET ADDRESS	8721 Airport Freeway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Worth, TX 76180
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Treasurer/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Michael Ussery
STREET ADDRESS		5.3 STREET ADDRESS	8721 Airport Freeway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Worth, TX 76180
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-99 (817) 581-9380

Date

Daytime Phone #

065887

CR2E034 (11/98)