
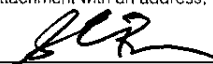


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90012 030 \*\*\*150.00

DOCUMENT # F95000002071					
1. Entity Name QWEST INTERPRISE AMERICA, INC.					
Principal Place of Business 1801 CALIFORNIA STREET DENVER, CO 80202 US		Mailing Address 1801 CALIFORNIA STREET DENVER, CO 80202 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 84-1305748	Applied For Not Applicable
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				01122004 Chg-P CR2E034 (10/03)	
Name				8. 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. I am familiar with, and accept the obligations of registered agent.	
Street Address (P.O. Box Number is Not Acceptable)				SIGNATURE _____	
City				Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____	
FL				Zip Code	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	VP + Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOTEBAERT, RICHARD C		NAME	Stephen E Brillz	
STREET ADDRESS	1801 CALIFORNIA ST		STREET ADDRESS	1801 California St	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	Denver CO 80202	
TITLE	VC	<input type="checkbox"/> Delete	TITLE	VP + Asst Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAFFER, OREN G CFO		NAME	Mark Evans	
STREET ADDRESS	1801 CALIFORNIA ST		STREET ADDRESS	1801 California St	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	Denver CO 80202	
TITLE	VP + Gen. Cal.	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAER, RICHARD N		NAME	Kelly S Carter	
STREET ADDRESS	1801 CALIFORNIA ST		STREET ADDRESS	1801 California St	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	Denver CO 80202	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, JANET K		NAME	Christian A Pedersen	
STREET ADDRESS	1801 CALIFORNIA ST		STREET ADDRESS	1801 California St	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	Denver CO 80202	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	VP + Asst Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, R. STEVEN		NAME	R. William (Bill) Johnston	
STREET ADDRESS	1801 CALIFORNIA ST		STREET ADDRESS	1801 California St	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	Denver CO 80202	
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETT, TOM F		NAME		
STREET ADDRESS	1801 CALIFORNIA ST		STREET ADDRESS		
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 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		Date: Stephen E Brillz 3-13-04 303 992.6610	

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