## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F95000002199 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name BITTEL TELECOMMUNICATIONS CORPORATION 04-28-2000 90064 047 \*\*\*150.00 Mailing Address Principal Place of Business **1133 19TH STREET** SIS E AMITTE ST JACKSON MS 39201 **DEPT 8408** WASHINGTON DC 20036-3604 2. Principal Place of Business 3. Mailing Address 500 Clinton Center Dr. Suite, Accinton, MS 39056 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 94-3057992 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ഗ്ട Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition **PCEO** TITLE TITLE ☐ Delete EBBERS, BERNARD J NAME NAME STREET ADDRESS STREET ADDRESS **500 CLINTON CENTER DRIVE** CITY-ST-ZIP CITY-ST-ZIP CLINTON MS 39056 Addition Change NO LONGER D TITLE ☐ Delete SULLIVAN, SCOTT D NAME STREET ADDRESS STREET ADDRESS **500 CLINTON CENTER DRIVE** CITY-ST-ZIP CITY-ST-ZIP CLINTON MS 39056 ☐ Change Addition Delete TITLE NAME CANNADA, CHARLES T NAME STREET ADDRESS STREET ADDRESS **500 CLINTON CENTER DRIVE** CITY-ST-ZIP CITY-ST-ZIP **CLINTON MS 39056 Change** Addition VGC ☐ Delete TITLE TITLE NAME NAME NAGEL, WALTER 1133 19th ST NW STREET ADDRESS STREET ADDRESS 500 CLINTON CENTER DRIVE WASHINGTON, DC 20036 CITY-ST-ZIP CITY-ST-ZIP CLINTON MS 39056 ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME EBBERS, BERNARD J NAME STREET ADDRESS STREET ADDRESS **500 CLINTON CENTER DRIVE** CITY-ST-ZIP CITY-ST-ZIP CLINTON MS 39056 □ Change ☐ Addition CFO Delete TITLE TITLE SULLIVAN, SCOTT D NAME STREET ADDRESS STREET ADDRESS **500 CLINTON CENTER DRIVE** CITY-ST-ZIP **CLINTON MS 39056**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Nagel 4/54/50 2-02-736-606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #

13. 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 11 or Block 12 if

V.P. & Gen. Tax Counsel