

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000002299 (4)

1. Corporation Name
CINCINNATI BELL LONG DISTANCE, INC.



Principal Place of Business
36 E. SEVENTH STREET SUITE 2200 CINCINNATI OH 45202

Mailing Address
201 E. 4TH STREET ROOM 102-815 CINCINNATI OH 45202-4122 US

3. Date Incorporated or Qualified: **05/10/1995**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **31-1100784**
 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

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. Zip Country

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip Country
 30. Zip Country

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	NELSON, BARRY L	36 E. SEVENTH STREET, STE 2200	CINCINNATI OH	<input type="checkbox"/>
VST	KRAMER, THOMAS B	36 E. SEVENTH STREET, STE 2200	CINCINNATI OH	<input type="checkbox"/>
D	LAMACCHIA, J T	36 E. SEVENTH STREET, STE 2200	CINCINNATI OH	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	13.2 STREET ADDRESS	13.3 CITY-ST-ZIP	13.4 TITLE	13.5 CHANGE	13.6 ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	B. C. HENRY	201 E. 4TH ST.	CINCINNATI, OHIO 45202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 on an attachment with an address.

SIGNATURE: *Thomas B. Kramer* *Thomas B. Kramer* 4/6/97 573-3524782

CR2E034 (9/96)