2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

ent with an address, with all other like empowered.

OFFICER OR DIRECTOR

changed, or on an attach

Secretary of State 03-25-2004 90040 010 ***150.00 DOCUMENT # F95000004204 1. Entity Name NEW CENTURY TELECOM, INC. Principal Place of Business Mailing Address 94036706 8180 GREENSBORO DR., SUITE 700 8180 GREENSBORO DR., SUITE 700 MCLEAN, VA 22102 MCLEAN, VA 22102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 54-1765590 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE______Signature, typed or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be-FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition TITLE Delete NAME HELEIN, CHARLES H NAME - Burtol 8180 GREENSBORO DR., #700 STREET ADDRESS STREET ADDRESS pionspos D- 400 CITY-ST-ZIP MCLEAN, VA 22102 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ___ Addition HELEIN, KATHLEEN K NAME NAME 8180 GREENSBORO DR., #700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCLEAN, VA 22102 CITY-ST-ZIP **▼** Delete TITLE Change Addition TITLE HELEIN, KATHLEEN K NAME NAME 8180 GREENSBORO DR., #700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCLEAN, VA 22102 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME HELEIN, CHARLES H NAME 8180 GREENSBORO DR., #700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCLEAN, VA 22102 CITY-SY-ZIP TITLE Delete TITLE ☐ Change Addition HELEIN, KATHLEEN K NAME NAME 8180 GREENBORO DR., #700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCLEAN, VA 22102 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE **D**elete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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

FILED Mar 25, 2004 8:00 am