



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90004 020 \*\*\*150.00

<b>DOCUMENT # F95000004983</b> 1. Entity Name <b>LDMI TELECOMMUNICATIONS, INC.</b>					
Principal Place of Business <b>8801 CONANT AVE HAMTRAMCK, MI 48211-1403</b>			Mailing Address <b>8801 CONANT AVE HAMTRAMCK, MI 48211-1403</b>		
2. Principal Place of Business <b>27777 Franklin Rd.</b> Suite, Apt. #, etc. <b>Suite 500</b>		3. Mailing Address <b>27777 Franklin Rd.</b> Suite, Apt. #, etc. <b>Suite 500</b>			
City & State <b>Southfield, MI</b>		City & State <b>Southfield, MI</b>		4. FEI Number <b>38-2940840</b>	
Zip <b>48034</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLANTON, EDWIN F 825 THOMASVILLE RD TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<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"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO O'LEARY, PATRICK 8801 CONANT ST. HAMTRAMCK, MI 48211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27777 Franklin Rd. Ste 500 Southfield, MI 48034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MAHONEY, MICHAEL 8801 CONANT ST. HAMTRAMCK, MI 48211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27777 Franklin Rd. Ste 500 Southfield, MI 48034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRMD O'LEARY, PATRICK 8801 CONANT ST. HAMTRAMCK, MI		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27777 Franklin Rd. Ste 500 Southfield, MI 48034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, KEVIN E 1 AMERICAN SQUARE, STE 2850 INDIANAPOLIS, IN 46282		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEHNER, MICHAEL A M 444 MADISON AVE, 34TH FL NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'LEARY, PATRICK 8801 CONANT AVE HAMTRAMCK, MI 482111403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27777 Franklin Road Ste 500 Southfield, MI 48034	
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.					
<b>SIGNATURE: X</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Patrick O'Leary</b> <small>Date</small>		
<b>800-825-4545</b> <small>Daytime Phone #</small>					