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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600000048 (6)

SUNBELT TELECOMMUNICATIONS, INC.

Principal Place of Business

6 PRESTIGE CIRCLE #122 ALLEN TX 75002 Mailing Address

8 PRESTIGE CIRCLE #122 ALLEN TX 75002-3426

## FILED May 13 1997 8:00am Secretary of State



ALLEN IX 7500	K	ALLEN 1X /3002-3420				
					3. Date Incorporated or Qualified 01/03/1996	3a. Date of Last Report
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
	ENTURY PKWY, BLDG 10	· and have the common c	PKWY,	BLDG 100	O 75-1916291	Not Applicable
Sulte, Apt.	#, 8(C.	Suite, Apt. #, etc.			<b>5.</b> Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 ALLEN, TEXAS		City & State  28 ALLEN, TEXAS		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7ip	Countr	у	8. This corporation has liability for in	
24 7501	13 25	75013	30		Florida Statutes	Yes 🐰 No
	9. Name and Address of Curren	t Registerød Agent			10. Name and Address of New Reg	gistered Agent
	CORPORATION SYSTEM		81	Name		
	SOUTH PINE ISLAND ROAD		B2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)
PLAI	NTATION FL 33324		B3			
			68	<b>)</b>		
			84	Cily		FI 85 Zip Code
11. Pursuant 1	to the provisions of Sections 607.0503	and 607,1508, Florida Statu	tos, the abov	⊥ /c-named corp	oration submits this statement for the poon's board of directors. I hereby accept	urpose of changing its registered
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such change was itions of, Section 607,0505 Ft	authorized b lorida Statute	y the corporati	ion's board of directors. Thereby accep	it the appointment as registered
SIGNATURE		,				
	Signature, typed or printed name of registered ager			gent Bignature require		DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	CPD	☐ DELETE	1.1 TITLE			Change Addition
NAME	MANN, PAULA		1,2 NAME	-		
STREET ADDRESS	PO BOX 609 N/A CEUNA TX 75009			1 ADDRESS		
CITY-ST-ZIP TITLE	V CELINA 1A 75009	DELETE	1.4 CITY - 2.1 TITLE	S1-ZIP		Change Addition
NAME	MANN, RUDY	E.J bittit	2.1 MILE	1		E change E Mauren
STREET ADDRESS	PO BOX 609 N/A			LADDRESS	•	
CITY-ST-ZIP	CELINA TX 75009		2.4 ChY			
TITLE		DELETE	3.1 TillE	31-211		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY	- S1 - Z(P		
TITLE		DELETE	4.1 TiTL <del>E</del>			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STREE	1 ADDRESS		•
CITY-ST-ZIP			4.4 C(1) Y	ST-ZIF	······································	
TITLE		☐ DELETE	5 1 7 (ILF			Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS				T ADDRESS	,	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	G.1 TITLE			Change Addition
NAME			6.2 NAMI			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			64 CITY-	ST-ZIP		

4. I do horeby 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 12 if changed, or on an attachment with an address.

CIONIATURE.

1 no man

4/30/97

(972) \$35-0587