

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F96000002581**1. Entity Name  
360 LONG DISTANCE, INC.Principal Place of Business  
ONE ALLIED DR  
LITTLE ROCK AR 72202 US  
Mailing Address  
ONE ALLIED DR  
LITTLE ROCK AR 72202 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

42-1255968

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION  
33324 US

FL

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/18/2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FRANTZ FRANCIS  
STREET ADDRESS ONE ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72202TITLE SVPF ☐ Delete  
NAME GARDNER JEFFERY  
STREET ADDRESS ONE ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72202TITLE VP ☐ Delete  
NAME BEEBE KEVIN  
STREET ADDRESS ONE ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72202TITLE P ☐ Delete  
NAME FOSTER DENNIS E  
STREET ADDRESS 1 ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72202TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Change ☐ Addition  
NAME FRANTZ FRANCIS  
STREET ADDRESS ONE ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72202TITLE CFO ☒ Change ☐ Addition  
NAME GARDNER JEFFERY  
STREET ADDRESS ONE ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72202TITLE D ☒ Change ☐ Addition  
NAME BEEBE KEVIN  
STREET ADDRESS ONE ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72202TITLE P ☒ Change ☐ Addition  
NAME FORD SCOTT T  
STREET ADDRESS 1 ALLIED DR  
CITY-ST-ZIP LITTLE ROCK AR 72202TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:** Jeffery R. Gardner

CFO

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)