CHU BUSINESS REPORT (UBR) Jul 18, 2001 8:00 am Park Strain Control of the Control o DOCUMENT # F97000003173 **Secretary of State** 06-19-2001 90429 038 ***150.00 CROWN FIBER COMMUNICATIONS, INC. 07-18-2001 90261 046 ***400.00 Principal Place of Business Mailing Address 6001 LIVE OAK PKWY. 6001 LIVE OAK PKWY. NORCROSS GA 30093 NORCROSS GA 30093 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 54-1612812 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent Name CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 N. DUVAL STREET TALLAHASSEE FL 32303 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Bn Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Foos Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE JONES, BILLY R NAME NAME 6001 LIVE OAK PKWY. STREET ADDRESS STREET ACDRESS CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA 30093 Addition: TITLE Change ☐ Delete TITLE SEGARS, RONALD G NAME NAME STREET ACCRESS 6001 LIVE OAK PARKWAY STREET ADORESS CITY-ST-ZIP CITY-SI-Z/P NARCROSS GA 30093 Additio: Change Delete -TITLE TIBLE CRUTCHFIELD, CARL S NAME NAME STREET ADDRESS STREET ADDRESS 6001 LIVE OAK PKWY. CITY-ST-ZIP CITY-ST-7IP NORCROSS GA 30093 Addition ☐ Change TITLE TITLE VP/D De!ete JONES, LAYTONA NAME NAME STREET ADDRESS STREET ADDRESS 6001 LIVE OAK PKWY. CITY-ST-ZIP CITY-ST-ZIP NORCROSS GA 30093 Addition | Controller .. ☐ Delete TITLE TITLE ecilia Schoen NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

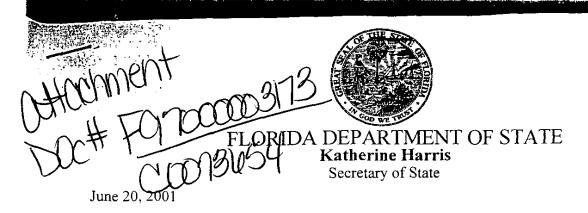
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED



CROWN FIBER COMMUNICATIONS, INC. 6001 LIVE OAK PKWY. NORCROSS, GA 30093

Subject: CROWN FIBER COMMUNICATIONS, INC.

Reference

F97000003173

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ag ANNUAL REPORTS SECTION

os 4-29-01