

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90092 033 ***158.75

DOCUMENT # F97000003173					
1. Entity Name CROWN FIBER COMMUNICATIONS, INC.					
Principal Place of Business 800 SATELLITE BLVD. SUWANEE, GA 30024			Mailing Address 800 SATELLITE BLVD. SUWANEE, GA 30024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-1612812	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	



02022005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT	<input checked="" type="checkbox"/> Delete		TITLE	President-Cable Division	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JONES, BILLY R			NAME	Schoenith, Leo J., Jr.		
STREET ADDRESS	800 SATELLITE BLVD.			STREET ADDRESS	800 Satellite Blvd.		
CITY-ST-ZIP	SUWANEE, GA 30024			CITY-ST-ZIP	Suwanee, GA 30024		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	President-Telecom Division	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORNICK, THOMAS M			NAME			
STREET ADDRESS	800 SATELLITE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	SUWANEE, GA 30024			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUTCHFIELD, CARL S			NAME			
STREET ADDRESS	800 SATELLITE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	SUWANEE, GA 30024			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHOENITH, CECILIA			NAME			
STREET ADDRESS	800 SATELLITE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	SUWANEE, GA 30024			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: Cecilia Schoenith 2-3-05 770-271-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #