FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90324 046 ***150.00

2003	FOR	PROFIT	CORPO	RATION
UNIFO	RM	BUSINES	S REPO	RT (UBR)

1. Entity Nam US LEC	n e	# F97000054 DA INC.	143					03 03 2001			30.00	
Principal Place MORROCROF 6801 MORRIS CHARLOTTE,	T III Son Bl y d.		Mailing Address MORROCROFT III 6801 MORRISON BLVD. CHARLOTTE, NC 28211		<u> </u>		1.00	INSE 1148 18411 18811 ESHI BBUI	44 111 84 111 18 14	i Billi Kibi	I BITTE 1111 (BB	li
2. Principal P		¢ 93	3. Mailing Address									į
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State		City & State				4. FEI Number 56-2046424			<u> </u>	Applied For Not Applicable		
Zip		Country	Zip	Coun	itry		5 . Ce	ertificate of Status Desired		8.75 Ad se Require		Ì
		and Address of Current	Registered Agent		Name		7. Na	me and Address of New F	legistered Ag	ent		7
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324							.O. Bo	x Number is Not Acceptable	e)			_
					City	_ _			FL	Zip Cot	de	$\frac{1}{2}$
	named entity		r the purpose of changing its	register	ed office or	registere	d ager	nt, or both, in the State of Fi		miliar with	and accept	-
SIGNATURE .		45 										
	Parantaga and Andrews	or printed name of registered agent	and little it applicable. (NOTE	Repttre	d Agentsignatu	e lectriced v	White reins	Haling)	DATE			-
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Attachment 80107053

2003 FOR PROFIT CORPORATION

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	Place of Busin	e 59	3. Malling Address				l L			***		
Suite, Apt	. #, etc.		Suite, Apt. #, etc.						K HERE IF	MAKING C		
City & Stat	t o		City & State				4. FE	1 Number 56-20	46424			pplied For of Applicable
Zìp		Country	Zip	Count	try		5. Ce	ertificate of Status I	Desired		8.75 Ad se Requir	
	6. Name	and Address of Cur	ent Registered Agent				7. Na	me and Address	of New Re	gistered Ag	ent	
1200 SOUT	ORATION S' TH PINE ISL DN, FL 333:	AND ROAD			Name Street Ad	dress (P.	.O. Bo	x Number Is Not A	∞eptable)			
ı					City					FL	Zip Co	de
	named entity tions of regist		nt for the purpose of changing Its	registere	ed office or I	egistere	d ager	nt, or both, in the S	tate of Flori	da. I am fai	miliar with	, and accept
SIGNATURE	Signature, typed	Or printed name of registered a	gent and tide if applicable. (NOTE	Roysere	d AgentSignatur	e required w	hen rein	Stating)		DATE		
. The	r May 1, 200	FEE \$ \$160.00 3 Fee will be \$550 Florida Departme	nt of State					9. Election Cam Trust Fund C	ontribution.		Àdde	00 May Be d to Fees
10.		OFFICERS A	IND DIRECTORS	11.			ADD	ITIONS/CHANGE	S TO OFFIC	ERS AND C	HRECTO	
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Indicated of the cor	t on this report rporation or th	t or supplemental repo e receiver or trustee e	with this filing does not qualify for ont is true and accurate and that m mpowered to execute this report is ss, with all other like empowered.	y signat	ure shall ha	ve the sa	ime le Floridi	gal effect as if mad a Statutes; and tha	ie under oa	th; that I am	an office	r or director
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