

F980000000639

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: NOW Communications, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

100002420571--7  
-02/04/98-01001-011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Please return all correspondence concerning this matter to the following:

Larry W. Seab  
(Name of Person)

100002420571--7  
-02/04/98-01001-011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

NOW Communications, Inc.  
(Firm/Company)

713 Country Place Drive  
(Address)

Jackson, MS 39208  
(City/State/Zip)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 FEB -3 PM 3:44

Should you need to call someone concerning this matter, please call:

Larry W. Seab  
(Name of Person)

at ( 601 ) 949-7180  
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CALL when Ready  
222 1534

RECEIVED  
98 FEB -3 PM 3:05  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

mtu  
2/3

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:*

1. NOW Communications, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Mississippi

(State or country under the law of which it is incorporated)

3. 64-0874586

(FEI number, if applicable)

4. 2/29/96

(Date of Incorporation)

5. 99 Years

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A - Contingent upon this authorization and approval from the FL PSC.

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. P. O. Box 807

Jackson, MS 39205-0807

(Current mailing address)

8. Provide Local and Long Distance Telecommunication Services.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

, Florida, 32301

(Zip Code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Patricia Pizut, as its Agent  
(Registered agent's signature)  
Corporation Service Company

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: See Attached \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: \_\_\_\_\_

Address: See Attached \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

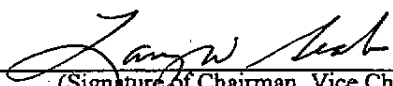
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Larry W. Seab, President  
(Typed or printed name and capacity of person signing application)

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# **NOW Communications, Inc.**

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P. O. Box 807 Jackson MS 39205-0807 601-949-7500 Fax: 601-969-7880  
Permanent Address: 713 Country Place Drive, Jackson, MS 39208  
Office Address: 975 North Street, Suite 102, Jackson, MS 39202

## **Principal Owners, Officers and Directors of NOW Communications, Inc.:**

<u>Name, Address, and Title</u>	<u>S. S. No.</u>
Larry W. Seab, President, CEO, and Chairman 713 Country Place Drive Jackson, MS 39208-6619 Home Tel. No. 601-939-1110	437-48-7638
Charles W. McGuffee, Secretary/Treasurer and Director 211 Lynn Lane Clinton, MS 39056 Home Tel. No. 601-924-9381	427-84-1345
Perry D. Gotcher, Vice President and Director 20 Knoll Pines Ct. The Woodlands, TX 77381 Home Tel. No. 281-298-1825	462-66-7819
James R. Downs, Vice President and Director 1105 Oakhurst Dr. Broomfield, CO 80020 Home Tel. No. 303-460-8234	528-58-0599
James E. Miller, Vice President and Director 80 River Court Parkway Atlanta, GA 30328 Home Tel. No. 770-396-8968	160-38-7220

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# State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State  
Jackson, Mississippi

## CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on February 29, 1996 the state of Mississippi issued a Charter/Certificate of Authority to:

NOW COMMUNICATIONS, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand  
and seal of office  
December 18, 1997

*Eric Clark*

ERIC CLARK,  
Secretary of State



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