FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -6 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001213

1. Corporation Name

SkyLynx Communications, Inc.

Principal Place of Business
500 John Ringling Blvd.
Sarasota, FL 34236

Mailing Address

REINSTATEMENT 1999

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 600 South Cherry Street	26 600 South Cherry Street
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Denver, CO	City & State 28 Denver, CO
Zip 24 80246 — Country 25 USA	Zip 29 80246 — Country 30 USA

3. Date Incorporated or Qualified: March 2, 1998
4. FEI Number: 84-1360029 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes XX No

9. Name and Address of Current Registered Agent

Kenneth L. Marshall, Esq.
4140 Center Gate Blvd.
Sarasota, Florida 34233

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hay s Street
83 200003018862--5
84 City: Tallahassee — FL 32301
-10/13/99--01003--008

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Deborah D. Skipper — Deborah D. Skipper as its agent — 10-6-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/P — XX DELETE	1.1 TITLE	P/D — ☐ Change ☒ Addition
NAME	Gary L. Brown	1.2 NAME	Jeffery A. Mathias
STREET ADDRESS	718 Siesta Key Circle	1.3 STREET ADDRESS	600 South Cherry Street, Suite 400
CITY-ST-ZIP	Sarasota, FL 34242	1.4 CITY-ST-ZIP	Denver , CO 80246
TITLE	D — XX DELETE	2.1 TITLE	D/T — ☐ Change ☒ Addition
NAME	Eduardo Moura	2.2 NAME	James E. Maurer
STREET ADDRESS	55 S. Market Street, Suite 240	2.3 STREET ADDRESS	600 South Cherry Street, Suite 400
CITY-ST-ZIP	San Jose, CA 95113	2.4 CITY-ST-ZIP	Denver, CO 80246
TITLE	D / V — XX DELETE	3.1 TITLE	S — ☐ Change ☒ Addition
NAME	William Chastain	3.2 NAME	Ned Abell
STREET ADDRESS	19120 Brook Lane	3.3 STREET ADDRESS	600 South Cherry Street, Suite 400
CITY-ST-ZIP	Saratoga, CA 95070	3.4 CITY-ST-ZIP	Denver, CO 80246
TITLE	D./ V / T — XX DELETE	4.1 TITLE	D — ☐ Change XX Addition
NAME	Joseph F. Morgan	4.2 NAME	Robert Smith
STREET ADDRESS	118 S. Westshore Blvd., Unit 333	4.3 STREET ADDRESS	600 South Cherry Street, Suite 400
CITY-ST-ZIP	~~Tampa, FL 33629~~	4.4 CITY-ST-ZIP	Denver, CO 80246
TITLE	D — DELETE	5.1 TITLE	D/C — XX Change ☐ Addition
NAME	Frank Ragano	5.2 NAME	Frank P. Ragano
STREET ADDRESS	903 Anchorage Road	5.3 STREET ADDRESS	903 Anchorage Road
CITY-ST-ZIP	~~Tampa, FL 33602~~	5.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	S — XX DELETE	6.1 TITLE	D — ☐ Change XX Addition
NAME	Kenneth L. Marshall	6.2 NAME	J. Samuel Ridley
STREET ADDRESS	500 John Ringling Blvd.	6.3 STREET ADDRESS	600 South Cherry Street, Suite 400
CITY-ST-ZIP	Sarasota, FL 34236	6.4 CITY-ST-ZIP	Denver, CO 80246

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James E. Maurer — James E. Maurer, CFO 09/30/99 (303)316-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #