

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90014 009 \*\*\*150.00

**DOCUMENT # F98000001314**

1. Entity Name

**NATIONAL TELECOMMUNICATIONS OF FLORIDA, INC.**

Principal Place of Business

**ONE INTERMEDIA WAY  
TAMPA FL 33647**

Mailing Address

**ONE INTERMEDIA WAY  
TAMPA FL 33647**

2. Principal Place of Business

**500 CLINTON CENTER DR**

3. Mailing Address

**1133 19th ST NW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DEPT. 8408**

City & State

**CLINTON MS**

City & State

**WASHINGTON DC**

Zip

**39056**

Country

**US**

Zip

**20036**

Country

**US**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANNING, ROBERT W ONE INTERMEDIA WAY TAMPA FL 33647</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WALLERS, JEANNE M ONE INTERMEDIA WAY TAMPA FL 33647</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KURLIN, PATRICIA A ONE INTERMEDIA WAY TAMPA FL 33647</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RUBERG, DAVID C ONE INTERMEDIA WAY TAMPA FL 33647</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVP LAWLESS, RAYMOND L ONE INTERMEDIA WAY TAMPA FL 33647</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BERNARD EBBERS 500 Clinton Center Dr. Clinton, MS 39056</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/GTC WALTER NAGEL 1133 19TH STREET, N.W. WASH. D.C. 20036</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SCOTT SULLIVAN 500 Clinton Center Dr. Clinton, MS 39056</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like engraved.

SIGNATURE:

**Walter Nagel**  
**VP & Gen. Tax Counsel**

**4/30/02 (202) 736-6362**

Date

Daytime Phone #

CR2E034 (9/01)