2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	F98000002080	İ
		ı

1. Entity Name

Z-TEL COMMUNICATIONS, INC.



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90162 031 ***150.00

•	•	۳	•
٠			ı
	ŀ	ı	•

Principal Place of Business 601 S HARBOUR ISLAND BLVD STE 220 TAMPA FL 33602 US 2. Principal Place of Business		601 S STE 2 TAMP/ US	Mailing Address 601 S HARBOUR ISLAND BLVD STE 220 TAMPA FL 33602 US 3. Mailing Address										
Suite, Apt.	#, etc.		Suite	e, Apt. #, etc.					CHECK HERE	IF MAKING	CHANGES		
City & Stat	e		City	& State					FEI Number 59-3486356		<u> </u>	pplied For ot Applicable	}
Zip		Country	Zip		Coun	try		5. (Certificate of Status Desired		\$8.75 Ad Fee Require		
	6. Name	and Address of Current F	Registere	d Agent				7. N	Name and Address of New R	egistered /	Agent	-	7
		an additional a				Name							1
	PORATION S ITH PINE IS	SYSTEM LAND ROAD			ı	Street Ad	dress (P	О. В	ox Number is Not Acceptable)			1
	ON FL 3332												1
. =					ļ	City				FL	Zip Cod	ie	$\frac{1}{2}$
	named entity		the purp	ose of changing its	registere	ed office or r	egistere	d age	ent, or both, in the State of Flo	rida. I am f	amiliar with,	and accept	1
	_	•											-
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if appl	icable. (NOTE	: Registered	d Agent signature	s iednikeq A	vhen re	instating)	DATE			1
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00			_ _				9. Election Campaign Fir Trust Fund Contributio	٠ -		0 May Be	
Make Checi	k Payable to	Florida Department of	State										}
10.		OFFICERS AND L	DIRECTO		11.			_AD	DITIONS/CHANGES TO OFF	ICERS AND			}
TITLE	CDP SMITH, D.	CDECODY		☐ Delete	TITLE						☐ Change	Addition	١
NAME STREET ADDRESS		RBOUR ISLAND BLVD S	TF 220		NAMI	ET ADDRESS							13
CITY-ST-ZIP	TAMPA FL					·ST-ZIP							18
TITLE	DS			☐ Delete	TITLE				 		☐ Change	Addition	15
NAME	DUMAS, G				NAME	[1,
STREET ADDRESS CITY-ST-ZIP	601 S. HAI TAMPA FL	RBOUR ISLAND BLVD.,	#220			ET ADDRESS -ST-ZIP							
TITLE	T	<u> </u>		Delete	TITLE						☐ Change	☐ Addition	1
NAME	DAVIS, HO	RACE J III		Délete	NAME	1					villalige	[ļ
	601 S. HAI	rbour island blvd.,	#220			ET ADDRESS							{
CITY-ST-ZIP	TAMPA FL	33602	_		CITY-	ST-ZIP							1
TITLE	AS			☐ Delete	TITLE	ļ					☐ Change	Addition	
NAME	NEIL, VICT		# 200		NAME	,							
STREET ADDRESS CITY-ST-ZIP	TAMPA FL	RBOUR ISLAND BLVD.,	#220			ET ADDRESS ST-ZIP							
TITLE	IAMI ATE	00001		□ Delete	TITLE				 _		☐ Change	Addition	┨
NAME				- 20161G	NAME						onungs		
STREET ADDRESS					STREE	ET ADDRESS							
CITY-ST-ZIP					CITY-	ST-ZIP							
TITLE				Delete	TITLE	- 1					☐ Change	Addition	
NAME STREET ADDRESS I					NAME								}
STREET ADDRESS CITY-ST-ZIP						ST-ZIP							{
	ortifu that the	information overalled with t	thie filing	doop not qualify for			d in Con	tion 1	119 07(3)(i) Florida Statutes	further cor	ifuthat the i	nformation	}

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. Victoria Neil Assistant SEcretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

813.233.4612

Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

OCUMENT#

F98000002080

. Entity Name

Z-TEL COMMUNICATIONS, INC.



				GOD WE IN		$\omega \omega \tau \sim$	t /U =			
rincipal Place of Business Of S HARBOUR ISLAND BLVD TE 220 AMPA FL 33602 IS		Mailing Address 601 S HARBOUR ISLAND BLVD STE 220 TAMPA FL 33602 US					All of the parties of the			
. Principal Pla	ce of Business	3. Mailing Address								
	· · · · · · · · · · · · · · · · · · ·						-			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				CHECK HERE I	F MAKING (CHANGES		
City & State		City & State			4. F	4. FEI Number 59-3486356 Applied For Not Applicate				
Zip	Country	Zip	Count	ry	5. (Certificate of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New R				
				Name						
	Dration System Th Pine Island Road			\$treet Addre	ess (P.O. B	Box Number is Not Acceptable	}			
	N FL 33324		!		:					
				City			FL	Zip Code	:	
	named entity submits this statement for	or the purpose of changing its	registere	ed office or reg	istered ag	gent, or both, in the State of Flo	rida. I am fa	miliar with, a	and accept	
inc odings.	ons of registered agent.									
SIGNATURE _	Signature, typica or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature re	quired when re	enstating)	DATE			
	LE NOWIII FEE IS \$150.00									
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State				Election Campaign Fir Trust Fund Contribution		\$5.00 Added	May Be to Fees	
10.	OFFICERS AND	25 100 201 100 100 100 100 100 100 100 100	11.		ΑC		ICERS AND	DIRECTORS	3 IN 11	
	CDP	☐ Delele	TITU	E				☐ Cnange	Addition	
	SMITH, D. GREGORY		NAM	IE .				-		
	601 S HARBOUR ISLAND BLVD	STE 220		ET ADDRESS		•				
	TAMPA FL 33602		CITY	-ST-ZIP						
- 1	DS	☐ Delete	TITL					Change	Addition	
NAME STREET ADDRESS	DUMAS, GARRETT N	#000	NAM	IE EET ADDRESS						
	601 S. HARBOUR ISLAND BLVD TAMPA FL 33602	., #22U		-ST+ZIP		• • •				
TITLE	T	☐ Delete	TITL	-				Change	Addition	
1	DAVIS, HORACE J III	L Delete	NAM	1				change	- Addition	
	601 S. HARBOUR ISLAND BLVD	#220		EET ADDRESS		; ,				
CITY-ST-ZIP	TAMPA FL 33602	., ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1-ST-ZIP		, '			Ì	
TITLE	AS	☐ Delete	TITL	.E				Change	Addition	
NAME	NEIL, VICTORIA			1E	. ,					
STREET ADDRESS	601 S. HARBOUR ISLAND BLVD	#220	ŞTR	EET ADORESS					- 1	
CITY-SI-ZIP	TAMPA FL 33602	,	CITY	Y-ST-ZIP		,			* -, m***	
TITLE		Delete	TITE	.E " 	_ • •			Change _	Addition	
NAME			-NAN	ME		<u> </u>				
STREET ADDRESS	en e		STR	EET ADORESS						
CITY-ST-ZIP				Y-ST-ZIP				- •	<u>·</u>	
TITLE	17 100 100 100 100 100 100 100 100 100 1	Delete	TITI	LE	78.77			☐ Change	Addition	
NAME	77		NAI	ME						
STREET ADDRESS			- 4	REET ADDRESS -						
CITY-ST-ZIP			CIT	Y-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 the empowered.

SIGNATURE:

Victoria Nei!

etary

4/28/03 813.233.4612