

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90124 007 \*\*\*150.00

<b>DOCUMENT # F98000002276</b>	
1. Entity Name <b>BUY-TEL COMMUNICATIONS, INC.</b>	



Principal Place of Business <b>6409 COLLEYVILLE BLVD SUITE 7 COLLEYVILLE, TX 76034 S</b>	Mailing Address <b>P.O. BOX 1170 COLLEYVILLE, TX 76034 US</b>
-----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------

**24045394**



2. Principal Place of Business <b>3024B Shawnee Trail</b>	3. Mailing Address <b>PO Box 136578</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04122004 Chg-P CR2E034 (10/03)

City & State <b>FORT WORTH TX</b>	City & State <b>FORT WORTH TX</b>
Zip <b>76135</b>	Zip <b>76136</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>75-2733879</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AUSTIN, CLYDE <del>6409 COLLEYVILLE BLVD.</del> <del>COLLEYVILLE, TX 76034</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3024B Shawnee TRAIL FORT WORTH TX 76135</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AUSTIN, CHERYL <del>6409 COLLEYVILLE BLVD.</del> <del>COLLEYVILLE, TX 76034</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>) )</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AUSTIN, MARY BETH <del>6409 COLLEYVILLE BLVD.</del> <del>COLLEYVILLE, TX 76034</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>) )</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Clyde Austin 4-13-04 817-237-7639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #