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03-01-1999 90240 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004200

1. Corporation Name
COLUMBIA TELECOMMUNICATIONS, INC.

Principal Place of Business
**215 S. MONROE, 2ND FL.
TALLAHASSEE FL 32301**

Mailing Address
**215 S. MONROE, 2ND FL.
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/23/1998

4. FEI Number
72-1332196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**DUNBAR, PETER
215 S. MONROE, 2ND FL.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	HART, ROBERT A IV	
STREET ADDRESS	4615 NORTH BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70806	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOLAN, THOMAS A	
STREET ADDRESS	11823 MARKET PLACE AVE.	
CITY-ST-ZIP	BATON ROUGE LA 70816	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROGERS, C. JAMES	
STREET ADDRESS	11823 MARKET PLACE AVE.	
CITY-ST-ZIP	BATON ROUGE LA 70816	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHASMAR, PHILIP J	
STREET ADDRESS	650 TOWER CENTER DR., STE. 1999	
CITY-ST-ZIP	COSTA MESA CA 92626-1925	

TITLE	COO	<input type="checkbox"/> DELETE
NAME	PALMER, THOMAS J	
STREET ADDRESS	4400 N. FEDERAL HWY., STE. 306	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	COUVILLION, RONALD G	
STREET ADDRESS	338 CORNELL AVE.	
CITY-ST-ZIP	BATON ROUGE LA 70808	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C. James Rogers	
3.3 STREET ADDRESS	11823 Market Place Avenue	
3.4 CITY-ST-ZIP	Baton Rouge, LA 70816	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D. Allyn Madere	
6.3 STREET ADDRESS	1340 Poydras Street, Suite 350	
6.4 CITY-ST-ZIP	New Orleans, LA 70112	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

1-28-99

225-297-2500