

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000005596

1. Entity Name
PREMIERE NETWORK SERVICES, INC.



Principal Place of Business

1510 N. HAMPTON
STE 120
DESO TO, TX 75115

Mailing Address

1510 N. HAMPTON
STE 120
DESO TO, TX 75115

DO NOT WRITE IN THIS SPACE



03082003 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2114047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
WROBEL, LEO A
100 OVILLA OAKS DR.
OVILLA, TX 75154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CROOM, ARCHIE
5013 STRICKLAND AVE.
THE COLONY, TX 75056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ATKINSON, SCOTT
15119 ROCK RIVER
SAN ANTONIO, TX 78247

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WROBEL, SHARON
100 OVILLA OAKS DR.
OVILLA, TX 75154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MOWERY, DAVID P
PO BOX 101
DESO TO, TX 75123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000160937
05/19/04-80002-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-04 972-228-8881

Date

Daytime Phone #