


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90310 030 \*\*\*400.00  
06-23-2003 90060 003 \*\*\*150.00

<b>DOCUMENT # F98000005596</b>					
1. Entity Name <b>PREMIERE NETWORK SERVICES, INC.</b>					
Principal Place of Business <b>1510 N. HAMPTON STE 120 DESOTO TX 75115</b>			Mailing Address <b>1510 N. HAMPTON STE 120 DESOTO TX 75115</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>75-2114047</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <b>BONHAM, HOWARD B</b> <input checked="" type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS	<b>801 N. PITT ST. # 318</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALEXANDRIA VA 22314</b>		CITY-ST-ZIP		
TITLE	PCEO <b>WROBEL, LEO A</b> <input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS	<b>100 OVILLA OAKS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OVILLA TX 75154</b>		CITY-ST-ZIP		
TITLE	D <b>CROOM, ARCHIE</b> <input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS	<b>5013 STRICKLAND AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>THE COLONY TX 75056</b>		CITY-ST-ZIP		
TITLE	D <b>ATKINSON, SCOTT</b> <input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS	<b>15119 ROCK RIVER</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAN ANTONIO TX 78247</b>		CITY-ST-ZIP		
TITLE	S <b>WROBEL, SHARON</b> <input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS	<b>100 OVILLA OAKS DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OVILLA TX 75154</b>		CITY-ST-ZIP		
TITLE	T <b>MOWERY, DAVID P</b> <input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS	<b>PO BOX 101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DESOTO TX 75123</b>		CITY-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 like empowered.					
SIGNATURE: <i>Sharon Wrobel</i>			<b>972-228-8881</b> <b>6-17-03</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)