2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90480 009 ***150.00

DOCUMENT # F99000001380

1. Entity Name
BUDGET PHONE, INC.

Principal Place of Business	Mailing Address
6901 W 70TH STREET SHREVEPORT, LA 71129	PO BOX 19360 SHREVEPORT, LA 71149

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1335380
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	HYDE JR, R D
STREET ADDRESS	5709 SHORELINE DRIVE
CITY-ST-ZIP	SHREVEPORT, LA 71119
TITLE	STD
NAME	HYDE III, R D
STREET ADDRESS	9415 ACADIANA PLACE BLVD
CITY-ST-ZIP	SHREVEPORT, LA 71115
TITLE	D
NAME	CASON, TONY
STREET ADDRESS	11295 HERITAGE OAK
CITY-ST-ZIP	SHREVEPORT, LA 71106
TITLE	D
NAME	HYDE, STEPHEN
STREET ADDRESS	9415 ACADIANA PLACE BLVD
CITY-ST-ZIP	SHREVEPORT, LA 71115
TITLE	Comptroller
NAME	Art Magee
STREET ADDRESS	9501 Overcoss Street
CITY-ST-ZIP	Shreveport, LA 71106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Art Magee Art Magee 5-3-04 318-671-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #