

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006623

1. Entity Name

SKYLYNX COMMUNICATIONS, INC.

FILED

00 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

600 SOUTH CHERRY STREET
SUITE 400
DENVER CO 80246

600 SOUTH CHERRY STREET
SUITE 400
DENVER CO 80246

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

84-1360029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MATHIAS, JEFFERY A	
STREET ADDRESS	600 SOUTH CHERRY STREET SUITE 400	
CITY-ST-ZIP	DENVER CO 80246	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MAURER, JAMES E	
STREET ADDRESS	600 SOUTH CHERRY STREET SUITE 400	
CITY-ST-ZIP	DENVER CO 80246	
TITLE	SV	<input type="checkbox"/> Delete
NAME	ABELL, NED	
STREET ADDRESS	600 SOUTH CHERRY STREET SUITE 400	
CITY-ST-ZIP	DENVER CO 80246	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, DAVE	
STREET ADDRESS	600 SOUTH CHERRY STREET SUITE 400	
CITY-ST-ZIP	DENVER CO 80246	
TITLE	V	<input type="checkbox"/> Delete
NAME	KIM, JENNY J	
STREET ADDRESS	600 SOUTH CHERRY STREET SUITE 400	
CITY-ST-ZIP	DENVER CO 80246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francis P. Ragano	
STREET ADDRESS	600 South Cherry Street, Suite 400	
CITY-ST-ZIP	Denver, CO 80246	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Samuel Ridley	
STREET ADDRESS	600 South Cherry Street, Suite 400	
CITY-ST-ZIP	Denver, CO 80246	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Smith	
STREET ADDRESS	600 South Cherry Street, Suite 400	
CITY-ST-ZIP	Denver, CO 80246	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven R. Jesson	
STREET ADDRESS	600 South Cherry Street, Suite 400	
CITY-ST-ZIP	Denver, CO 80246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jenny J. Kim, Vice President

04/26/00

Date

Daytime Phone #

2082



ACCOUNT NO. : 072100000032

REFERENCE : 680502 7191148

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizit

ORDER DATE : April 28, 2000

ORDER TIME : 10:13 AM

ORDER NO. : 680502-005

CUSTOMER NO: 7191148

CUSTOMER: Becky Milanio, Corp Paralegal
Skylynx Communications, Inc.
1738 Union Street

San Francisco, CA 94123

ANNUAL REPORT FILING

NAME: SKYLYNX COMMUNICATIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

RECEIVED
00 MAY - 1 AM 11:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA