

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L12176

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: NETWORK PAGING CORPORATION OF TENNESSEE

**Current Principal Place of Business:**

815 S PALAFOX  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

40 S PALAFOX  
PENSACOLA, FL 32502 US

**Current Mailing Address:**

P.O BOX 12063  
PENSACOLA, FL 325912063 US

**New Mailing Address:**

P.O BOX 12008  
PENSACOLA, FL 32591 US

FEI Number: 59-3051182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NC/O DAN LOZIERR.  
24 WEST CHASE ST  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C/P ( ) Delete  
Name: RUSSENBERGER, RAY,  
Address: 815 S PALAFAX STREET  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C/P (X) Change ( ) Addition  
Name: RUSSENBERGER, RAY,  
Address: 40 S PALAFAX STREET  
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY RUSSENBERGER

PRES

04/22/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date