2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67970

Entity Name: FINCO FINANCIAL CORPORATION

FILED Jan 02, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|

3201 GRIFFIN RD. 480 SAWGRASS CORPORATE PKWY

SUITE 210 SUITE 220 **DANIA, FL 33312**

SUNRISE, FL 33325

Current Mailing Address: New Mailing Address:

P O BOX 2037 PO BOX 822100

PEMBROKE PINES, FL 33082 HALLANDALE, FL 33008

FEI Number: 65-0215639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

USA TELECOM, INC. 3201 GRIFFIN RD. STE 210

DANIA, FL 33312 US

USA TELECOM, INC. 480 SAWGRASS CORPORATE PKWY SUITE 220

SUNRISE, FL 33325 US

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: 01/02/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GARDNER, ROBERT, GARDNER, ROBERT Name: Name:

3201 GRIFFIN RD. 480 SAWGRASS CORPORATE PKWY Address: Address:

City-St-Zip: DANIA, FL City-St-Zip: SUNRISE, FL 33325

Title: DTPS Title: **DTPS** (X) Change () Addition () Delete

Name: RAYMOND, DAVID B., Name: RAYMOND, DAVID

3201 GRIFFIN RD. 480 SAWGRASS CORPORATE PKWY Address: Address:

SUNRISE, FL 33325 City-St-Zip: DANIA, FL City-St-Zip:

Title: Title: () Change (X) Addition () Delete CFO

Name: SHAW, KAREN Name:

480 SAWGRASS CORPORATE PKWY Address: Address:

City-St-Zip: City-St-Zip: SUNRISE, FL 33325

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: DAVID RAYMOND **PRES** 01/02/2004