
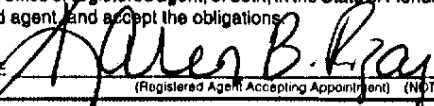
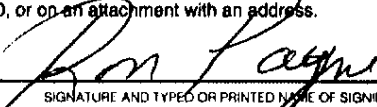


FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #M94000000170			
GALAXY TELECOM INVESTMENTS, L.C. 1220 NORTH MAIN STREET SIKESTON MO 63801		1a. Principal Place of Business Address 1220 NORTH MAIN STREET SIKESTON MO 63801			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/23/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		43-1697318	
Country		Country		5. Date of Last Report	
				07/14/1995	
7. Name and Address of Current Registered Agent		8. 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) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.					
SIGNATURE 		DATE Karen R. Rozar, As Its Agent			
10. Title		Managing Members/Managers		Business Street Address	
MGRM DAVIDSON, J. KEITH		1220 N. MAIN ST.		SIKESTON MO	
				100002139591--7 -04/10/97--01088--DMS ****907.50 ****907.50	
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			
		Date Daytime Phone #			