2<sup>nd</sup> and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUL 30 PM 3: 51 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 588.75 Name and Mailing Address of Limited Liability Company **DOCUMENT # M94000000170** 1a. Principal Place of Business Address GALAXY TELECOM INVESTMENTS, L.C. 1220 NORTH MAIN STREET 1220 NORTH MAIN STREET SIKESTON MO 63801 SIKESTON MO 63801 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 12/23/1994 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 43~1697318 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country SB 75 Additional Fee Required 04/09/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. City 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. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 1220 N. MAIN ST. SIKESTON MO MGRM DAVIDSON, J. KEITH 100002608**7**61 - 8 -08/06/98--01003--003 \*\*\*\*588.75 \*\*\*\* 598.75

IRPAND THE DICT WINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address

SIGNATURE:

11. Ido 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 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 empowers to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

ate Daytime Phor

J. Keith Davidson 7/27/98 573-472-8200.