

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105192

FILED
Jan 06, 2004
Secretary of State

Entity Name: MCLEOD COMMUNICATIONS, INC.

Current Principal Place of Business:

5279 ISLA KEY BLVD SOUTH #112
ST PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

5279 ISLA KEY BLVD SOUTH #112
ST PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 65-1205586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, DONALD
5279 ISLA KEY BLVD SOUTH #112
ST PETERSBURG, FL 33715

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: P () Delete
Name: MCLEOD, DONALD
Address: 5279 ISLA KEY BLVD SOUTH #112
City-St-Zip: ST PETERSBURG, FL 33715

Title: VST () Delete
Name: MCLEOD, REGINA G
Address: 5279 ISLA KEY BLVD SOUTH #112
City-St-Zip: ST PETERSBURG, FL 33715

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MCLEOD, REGINA G MRS.
Address: 5279 ISLA KEY BLVD. S., #112
City-St-Zip: ST. PETERSBURG, FL 33715

Title: TRES () Change (X) Addition
Name: MCLEOD, REGINA G MRS.
Address: 5279 ISLA KEY BLVD. S., #112
City-St-Zip: ST. PETERSBURG, FL 33715

Title: SEC () Change (X) Addition
Name: MCLEOD, REGINA G MRS.
Address: 5279 ISLA KEY BLVD. S., #112
City-St-Zip: ST. PETERSBURG, FL 33715

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: REGINA G. MCLEOD

VP

01/06/2004

Electronic Signature of Signing Officer or Director

Date