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Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P21649 (9)  
1. Corporation Name  
METROPOLITAN FIBER SYSTEMS OF FLORIDA, INC.



Principal Place of Business  
11808 MIRACLE HILLS DR  
OMAHA NE 68154  
US

Mailing Address  
11808 MIRACLE HILLS DR  
OMAHA NE 68154  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 515 East Amite Street  
Suite, Apt. #, etc.  
22  
City & State  
23 Jackson MS  
Zip Country  
24 39201-2702 25 US

2a. Mailing Address  
26 515 East Amite Street  
Suite, Apt. #, etc.  
27  
City & State  
28 Jackson MS  
Zip Country  
29 39201-2702 30 US

3. Date Incorporated or Qualified  
11/07/1988

4. FEI Number  
36-3635783  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DCEO	BEAUMONT, RONALD R	11808 MIRACLE HILLS DR	OMAHA NE	<input checked="" type="checkbox"/>
D	SIDGMORE, JOHN W	11808 MIRACLE HILLS DR	OMAHA NE	<input checked="" type="checkbox"/>
AS	ORMISTON, MARY ANN	11808 MIRACLE HILLS DR	OAKBROOK TERR IL	<input checked="" type="checkbox"/>
CFOV	PIAZZA, DAVID L	11808 MIRACLE HILLS DR	OMAHA NE	<input checked="" type="checkbox"/>
VP	KEITH, DEBRA	11808 MIRACLE HILLS DR	OMAHA NE	<input checked="" type="checkbox"/>
C	LUODVIK, ROBERT	11808 MIRACLE HILLS DR	OMAHA NE	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
President	Bernard J. Ebbers	515 East Amite St.	Jackson MS 39201-2702	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/Controller	David F. Myers	515 East Amite St.	Jackson MS 39201-2702	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Scott D. Sullivan	515 East Amite St.	Jackson MS 39201-2702	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Scott D. Sullivan	515 East Amite St.	Jackson MS 39201-2702	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Bernard J. Ebbers	515 East Amite St.	Jackson MS 39201-2702	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Charles T. Cannada	515 East Amite St.	Jackson MS 39201-2702	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I 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 or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3/21/98

CR2E034 (10/97)