

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90149 045 ***150.00

DOCUMENT # P21649			
1. Entity Name METROPOLITAN FIBER SYSTEMS OF FLORIDA, INC.			
Principal Place of Business 2001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147 US		Mailing Address 1133 19 ST NW DEPT 8408 WASHINGTON, DC 20036 US	
2. Principal Place of Business 22001 Loudoun Cty. PKWY		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ASHBURN, VA		City & State	
Zip VA 20147		Country USA	
4. FEI Number 36-3635783		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARD J EBBERS 500 CLINTON CENTER DR CLINTON, MS 39056 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC NAGEL, WALTER 1133 19 ST NW WASHINGTON, DC 20036 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/27/04	
DATE		Daytime Phone #	

Attachment
24009202
P21649

OFFICERS LIST

President & CEO

Michael Capellas
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Treasurer

William Hamill
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Assistant Treasurer

Stephen R. Mooney
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Secretary

Jennifer McGarey
22001 Loudoun County Pkwy.
Ashburn, VA 20147

DIRECTORS

Robert T. Blakely
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Anastasia Kelly
22001 Loudoun County Pkwy.
Ashburn, VA 20147