

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23464 (1)  
1. Corporation Name  
DELTACOM LONG DISTANCE SERVICES, INCORPORATED



Principal Place of Business 113 S MAIN ST ARAB AL 35016	Mailing Address DELTA COM. INC. 500 BOULEVARD SOUTH, SUITE 203 HUNTSVILLE AL 35802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/20/1989
4. FEI Number 63-0832070		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	MCDONALD, FOSTER	1.2 NAME	
STREET ADDRESS	208 W 9TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	SD
NAME	MULLIS, TOM	2.2 NAME	
STREET ADDRESS	700 BLVD SOUTH STE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	PLUNKETT, SARA	3.2 NAME	
STREET ADDRESS	500 BLVD SOUTH STE 203	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	C
NAME	LANIER, CAM B	4.2 NAME	
STREET ADDRESS	1239 O G SKINNER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SCOTT, WILLIAM H	5.2 NAME	
STREET ADDRESS	1239 O G SKINNER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	COX, DOUG	6.2 NAME	Walker, Andrew W.
STREET ADDRESS	1239 O G SKINNER DR	6.3 STREET ADDRESS	206 West Ninth Street
CITY-ST-ZIP	WEST POINT GA	6.4 CITY-ST-ZIP	West Point, GA 31833

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:

*SARA PLUNKETT* SARA PLUNKETT 4/20/98 256-650-3900

CR2E034 (10/97)