


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91229 002 ***150.00

DOCUMENT # P23464 1. Entity Name ITC^DELTACOM COMMUNICATIONS, INC.					
Principal Place of Business 4092 S. MEMORIAL PARKWAY HUNTSVILLE, AL 35802 US			Mailing Address 4092 S. MEMORIAL PARKWAY HUNTSVILLE, AL 35802 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 63-0832070				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 terminating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V PLUNKETT, SARA L 4092 S. MEMORIAL PARKWAY HUNTSVILLE, AL 35802		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLIS, TOM 4092 S. MEMORIAL PARKWAY HUNTSVILLE, AL 35802		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Thomas Mullis 4092 South Memorial Parkway Huntsville, AL 35802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDRICKSON, IVOR 4092 S. MEMORIAL PARKWAY HUNTSVILLE, AL 35802		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILLIAMS, LARRY 1791 O.G. SKINNER DR. WEST POINT, GA 31833		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, WILLIAM H 1239 O G SKINNER DR WEST POINT, GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, ANDREW W 1791 O.G. SKINNER DR WEST POINT, GA 31833		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Andrew Walker 1791 O G Skinner Drive West Point, GA 31833	
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: <u>Sara Plunkett</u> <u>4/28/04</u> <u>256-382-3918</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					