

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P27492 (8)

1. Corporation Name
LONG DISTANCE NETWORK SERVICES, INC.



Principal Place of Business Mailing Address
1315 24TH STREET SOUTHWEST BUILDING E NORMAN OK 73072

3. Date Incorporated or Qualified **12/27/1989** 3a. Date of Last Report **08/07/1995**
4. FEI Number **76-0288609** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2600 Van Buren** ← 26 **Same**
22 Suite/Apt. #, etc. 27
23 **Norman, OK** 28 City & State
24 **73072** 25 **USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSHALL, ROCKY LEE	
STREET ADDRESS	1315 24TH STREET SW	
CITY-ST-ZIP	NORMAN, OK 73072	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HORN, JON	
STREET ADDRESS	1315 24TH STREET SW	
CITY-ST-ZIP	NORMAN, OK 73072	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CLARY, JACKIE F.	
STREET ADDRESS	1315 24TH STREET SW	
CITY-ST-ZIP	NORMAN, OK 73098	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOGUE, CECIL (deceased)	
STREET ADDRESS	ROUTE 2 BOX 219	
CITY-ST-ZIP	WYNNEWOOD OK 73098	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUSTON, JIMMY	
STREET ADDRESS	P.O. BOX 26 N/A	
CITY-ST-ZIP	COOKSON OK 74427	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Rocky Lee Marshall	
13 STREET ADDRESS	2600 Van Buren, Ste 2636	
14 CITY-ST-ZIP	Norman, OK 73072	
21 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ROCKELLA TREJO	
23 STREET ADDRESS	2600 Van Buren, Ste 2636	
24 CITY-ST-ZIP	Norman, OK 73072	
31 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Linda Marshall	
33 STREET ADDRESS	2600 Van Buren, Ste 2636	
34 CITY-ST-ZIP	Norman, OK 73072	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Jeff Stevens	
43 STREET ADDRESS	Rt. 1 Box 210	
44 CITY-ST-ZIP	Marion, TX 78124	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Linda Marshall (Linda Marshall) 6-6-96 (405) 447-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)