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97 MAY -1 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27492**

1. Corporation Name  
**Long Distance Network Services, Inc.**  
**2600 Van Buren, Suite 2601**  
**Norman, OK 73072**

Principal Place of Business      Mailing Address  
**2600 Van Buren, Suite 2601**  
**Norman, OK 73072**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/27/89**      **6/6/96**

2. Principal Place of Business      2a. Mailing Address  
**21 2600 Van Buren**      **26 SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22 2601**      **27**

City & State      City & State  
**23 Norman, OK**      **28**

Zip      Country      Zip      Country  
**24 73072**      **25 USA**      **29**      **30**

4. FEI Number      Applied For  
**76-0288609**      ☐ Not Applicable

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

6. Election Campaign Financing      ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes      ☐ Yes      ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Prentice Hall Corporation System, Inc.**  
**1201 Hays Street**  
**Suite 105**  
**Tallahassee, FL 32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rocky Lee Marshall</b>	12 NAME	
STREET ADDRESS	<b>2600 Van Buren, Suite 2601</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>Norman, OK 73072</b>	14 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rockella Trejo</b>	22 NAME	
STREET ADDRESS	<b>2600 Van Buren, Suite 2601</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>Norman, OK 73072</b>	24 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Linda Marshall</b>	32 NAME	
STREET ADDRESS	<b>2600 Van Buren, Suite 2601</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>Norman, OK 73072</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jeff Stevens</b>	42 NAME	
STREET ADDRESS	<b>Rt. 1, Box 210</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>Marion, TX 78124</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/97**      **(405) 447-2299**

Date      Daytime Phone #