FILED May 10, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P27	' 81	5
4 6		,	\sim .	~

Corporation Name

EXCEL T	ELECOMMUNICATIONS, IN	IC.				
Principal Place	e of Business	Mailing Address			i idilida i sa sidir regal refet sidar din dir	is Mratt Mibit Atbri Dibit Arare samt
8750 N CENTR/	AL EXPRESSWAY	8750 N CENTRAL EXPWY				
1900		1900			DO NOT WRITE IN TH	IIS SPACE
DALLAS TX 752 US	នា	DALLAS TX 75231 US			3. Date Incorporated or Qualifed	
00		00			01/24/1990	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			75-2264299	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
22		27			o. Certificate of otatas besides	Fee Required
City_&,State) =	City & State			6. Election Campaign Financing	\$5.00 May Be
23			28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible ☐ Yes ☐ No
24	9. Name and Address of Curre		30		Personal Property Tax. 10. Name and Address of New Registere	
*	3. Name and Address of Cone	it Registered Agent	81	Name	is trained and	
CT C	ORPORATION SYSTEM					
	S. PINE ISLAND ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
PLAN	ITATION FL 33324		83			
						las 7: Oodo
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above	-named corp	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corporati	on's board of directors. I hereby accept the app	continent as registered
	The later with and doospe the song.					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Agen	t signature require	ed when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	CEPD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	TROUTT, KENNY		1.2 NAME			
STREET ADDRESS		AY, STE 1900	1.3 STREET	ADDRESS		
CITY-ST-ZIP	DALLAS TX 75231		1.4 CITY-ST	-ZIP		☐ Change ☐ Addition
TITLE	VPT	☐ DELETE	2.1 TITLE			
NAME	FLETCHER, PAUL	AV CTF 4000	2.2 NAME			
STREET ADDRESS	8750 N CENTRAL EXPRESSW	AY, SIE 1900	2.3 STREET			
CITY-ST-ZIP	DALLAS TX 75231	□ DELETE	2:4 CITY-S 3.1 TITLE	1-ZIP		☐ Change ☐ Addition
TITLE !	PCD MCLAINE, JACK	□ ôtrric	3.1 MLE 3.2 NAME			
NAME STREET ADDRESS	8750 N CENTRAL EXPRESSW	AY STF 1900	3.3 STREET	ADDRESS		
CITY-ST-ZIP	DALLAS TX	ni, die ieu	3.4. CITY-S			
TITLE	V	DELETE	4.1 TITLE	, <u>Li</u>		☐ Change ☐ Addition
NAME	HOLMES, CRAIG	Γ	4. 2 NAME			
STREET ADDRESS	8750 N CENTRAL EXPWY STE	1900	4.3 STREET	ADDRESS		
CITY-ST-ZIP	DALLAS TX		4.4 CITY-S1	r-ZIP		
TITLE	VPS .	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	DANCE, CHRISTOPHER		5.2 NAME			
STREET ADORESS	8750 N CENTRAL EXPRESSW	AY, STE 1900	5.3 STREET	ADDRESS		
CITY-ST-ZIP	DALLAS TX 75231		5.4 CITY-ST	r- ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	r-ZIP		

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 trusted empoyered 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 apachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR