

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # P37057 (7)

1. Corporation Name

EASTERN TELECOM CORPORATION OF VIRGINIA

Principal Place of Business

11817 CANON BLVD., SUITE 600
NEWPORT NEWS VA 23606

Mailing Address

11817 CANON BLVD., SUITE 600
NEWPORT NEWS VA 23606-4510



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/13/1992	07/25/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		54-1426060	Not Applicable
24 Country		29 Country		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	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (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	
NAME	CRAWFORD, JOHN D.	1.2 NAME	
STREET ADDRESS	2524 MANION DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSBURG VA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	RAOUST, DONNA L	2.2 NAME	
STREET ADDRESS	209-C ISLAND COVE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON VA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	KEEFE, THOMAS G	3.2 NAME	
STREET ADDRESS	102 LAKE HERRIN CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	YORKTOWN VA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	KEEFE, THOMAS G.	4.2 NAME	
STREET ADDRESS	102 LAKE HERRIN CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	YORKTOWN VA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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

Thomas G. Keefe 4-17-97 (757) 873-1040
Treasurer

CR2E034 (9/96)