FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90063 009 ***150.00

DOCUMENT # 1. Entity Name	P95000072335	
GROUP LON	16. DISTANCE, INC.	

GROU	uf LONG DIS	TANCE, INC.						
	DO NOT WRITE	E IN THIS SP	ACE					
^	Place of Business	3. Mailing Address	Fight Contracts and agency many					
Suite, Apt.	# etc	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
ouite, Apr.	#, etc.	Juile, Apr. #, 6to.			DO NOT WHITE	2 IN THIS SEAS		
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Kingo	Country	Kingoes N	Country		65-6213198		Not Applicable	
	- 0534 USA	08551-0534	USF	5	5. Certificate of Status Desired		75 Additional Required	
Box 6				7.	Name and Address of Current F	Registered Age	int	
Property of the second			Name	thoma	ic Tatum			
en de la companya de	DO_NOT_W	/RILE	Street Add	dress (RO.	.Box Number is Not Acceptable)	uite 1	800	
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•			City	Eas	st Las Glas	Blud	Zin Code	
			- La	orl L	audordale	, -	1 <u>0686</u>	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or r	registered a	agent, or both, in the State of Flor	ida. I am familia	ir with, and accept	
	1010 01 109,000 10 00							
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature	e required wher	en reinstating)	DATE		
Jar	nuary 1 - May 1 Fee is \$150.00			· · · · · · · · · · · · · · · · · · ·			• =	
	After May 1, Fee is \$550.00 Amended UBR is \$61.25				 9. Election Campaign Fina Trust Fund Contribution. 	· —	\$5.00 May Be Added to Fees	
Make Check	Payable to Florida Department o	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					7.000	
10.	OFFICERS AND	ESIDENT DIC						
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all the file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR