


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000011894 1. Entity Name SOUTHEASTERN TELECOM OF FLORIDA, INC.	
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Principal Place of Business 5439 BEAUMONT CENTE RBLVD SUITE 1000 TAMPA, FL 33634	Mailing Address 500 ROYAL PARKWAY NASHVILLE, TN 37214
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1674478	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUSTINO, JAMES A 444 WEST NEW ENGLAND AVENUE SUITE G WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	C
NAME	HALEY, JOHN W
STREET ADDRESS	500 ROYAL PKWY.
CITY-ST-ZIP	NASHVILLE, FL 37214
TITLE	PT
NAME	ALLEN, WILLIAM F
STREET ADDRESS	500 ROYAL PARKWAY
CITY-ST-ZIP	NASHVILLE, TN 37214
TITLE	V
NAME	WOLF, BETTY JO
STREET ADDRESS	500 ROYAL PARKWAY
CITY-ST-ZIP	NASHVILLE, TN 37214
TITLE	V
NAME	BUFFA, TONY
STREET ADDRESS	4407 VINELAND ROAD
CITY-ST-ZIP	ORLANDO, FL 37214
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>000000000072 01/07/04-80005-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Betty Jo Wolf</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/5/03</u> <small>Date</small>	<u>615-874-6000</u> <small>Daytime Phone #</small>
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