

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 # P98000055067

1. Corporation Name

SkyLynx Communications (Tampa), Inc.

Principal Place of Business Mailing Address  
1511 N. Westshore Blvd., Suite 820  
Tampa, FL 33607

FILED

99 OCT -6 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 1999

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 600 South Cherry Street 26 600 South Cherry Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 400 27 Suite 400  
City & State City & State  
23 Denver, CO 28 Denver, CO  
Zip Country Zip Country  
24 80246 25 USA 29 80246 30 USA

4. FEI Number ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Joseph F. Morgan  
1511 N. Westshore Blvd.  
Tampa, FL 33607

10. Name and Address of New Registered Agent

81 Name Corporation Service Company  
82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hay s Street  
83  
84 City Tallahassee FL 85 Zip Code 32301

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 Deborah D. Skipper

Deborah D. Skipper

10-6-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent must be a resident of the State of Florida)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition  
1.1 TITLE P/D  
1.2 NAME Jeffery A. Mathias  
1.3 STREET ADDRESS 600 South Cherry Street, Suite 400  
1.4 CITY-ST-ZIP Denver, CO 80246  
2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME Ned Abell  
2.3 STREET ADDRESS 600 South Cherry Street, Suite 400  
2.4 CITY-ST-ZIP Denver, CO 80246  
3.1 TITLE D/T ☐ Change ☒ Addition  
3.2 NAME James E. Maurer  
3.3 STREET ADDRESS 600 South Cherry Street, Suite 400  
3.4 CITY-ST-ZIP Denver, CO 80246  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

James E. Maurer

James E. Maurer, CFO 09/30/99 (303)316-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #