2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083319

Entity Name: CORAL TELECOM, INC.

FILED Apr 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2292 WEDNESDAY STREET 1919 MALLORY SQUARE SUITE 2 TALLAHASSEE, FL 32308

TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

2292 WEDNESDAY STREET P.O. BOX 12068

SUITE 2 TALLAHASSEE, FL 323172068 US TALLAHASSEE, FL 32308

FEI Number: 59-3535675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREEN, ANGELA B
2292 WEDNESDAY STREET
SUITE 2
NORRIS, CARRIE E
P.O. BOX 12068
TALLAHASSEE, FL 323172068 US

TALLAHASSEE, FL 32308 US

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.

SIGNATURE: CARRIE E. NORRIS 04/15/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 NORRIS, CARRIE E
 Name:
 NORRIS, CARRIE E

 Address:
 2292 WEDNESDAY STREET, SUITE 2
 Address:
 P.O. BOX 12068

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 323172068 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 NORRIS, LANCE C
 Name:
 NORRIS, LANCE C

 Address:
 2292 WEDNESDAY STREET, SUITE 2
 Address:
 P.O. BOX 12068

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 323172068 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE E. NORRIS PD 04/15/2004