


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90195 034 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000093711

1. Corporation Name
IXC TELECOM, INC.



Principal Place of Business 103 E. NELSON AVENUE MELBOURNE FL 32935	Mailing Address 103 E. NELSON AVENUE MELBOURNE FL 32935
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/02/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3542785	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRAHM, GARY 103 E. NELSON AVENUE MELBOURNE FL 32935		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMJI, MAHMOOD	1.2 NAME	
STREET ADDRESS	1240 BARD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR/PRESIDENT/C.E.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAHM, GARY	2.2 NAME	
STREET ADDRESS	101 E. NELSON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR/Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	KATHRYN BELL
STREET ADDRESS		3.3 STREET ADDRESS	103 E. NELSON AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MELBOURNE, FLORIDA 32935
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ALICE PETTY
STREET ADDRESS		4.3 STREET ADDRESS	1113 SIOUX DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	INDIAN HARBOR BEACH, FLORIDA 32937
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99

(407) 255-1000

CR2E034 (11/98)