2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P08000094236 00 JUN -5 PH 1:02 SkyLynx Communications (Sarasota), Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 600 South Cherry Street 103 Sarasota Quay Sarasota, FL 34236 Suite 400 Denver, CO 80246 3. Mailing Address 2. Principal Place of Business 600 South Cherry Street 600 South Cherry Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 400 400 X Applied For City & State City & State Not Applicable Denver Denver \$8.75 Additional Zip Zip Country Country X 5. Certificate of Status Desired CO 80246 CO 80246 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Corporation Service Company 1201 Hayes Street Street Address (P.O. Box Number is Not Acceptable) Tallahassee, FL 32301 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE TITLE Delete NAME Jeffery A. Mathias NAME STREET ADDRES 600 South Cherry Street, Suite 400 STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP Denver, CO 80246 Change Addition TITLE Delete TITLE Ned Abell STREET ADDRESS STREET ADDRES 600 South Cherry Street, Suite 400 CITY- ST- ZIP CITY- ST-ZIP Denver, CO 80246 Addition D/T TITLE Delete TITLE NAME James E. Maurer NAME STREET ADDRESS 600 South Cherry Street, Suite 400 STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP Denver, CO 80246 Change Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY - ST- ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY - ST- ZIP Change Addition TITLE Delete TITLE NAME NAME 300003276333-STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. **Ja**mes E Maurer, CFO 06/01/00 303-316-0400 R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # SIGNATURE AND TYPED OF



ACCOUNT NO. : 072100000032

REFERENCE :

717800

7191148

AUTHORIZATION

ć 550 75

COST LIMIT : \$ 558.75

ORDER DATE: June 1, 2000

ORDER TIME : 11:23 AM

ORDER NO. : 717800-010

CUSTOMER NO:

7191148

CUSTOMER: Becky Milanio, Corp Paralegal

Inforum Communications, Inc.

1738 Union Street

San Francisco, CA 94123

. . .

## ANNUAL REPORT FILING

NAME:

SKYLYNX COMMUNICATIONS

(SARASOTA) INC.

XX\_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

RECEIVEL

OD JUN-5 PH 12: 15

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