2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000045620

1. Entity Name
SOUTHSTAR TELECOM, INC.

Principal Place of Business	Mailing Address
13411 COLONY ROAD PASCO, FL 34669	13411 COLONY ROAD PASCO, FL 34669

DO NOT WRITE IN THIS SPACE

02052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3580597	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIVERNOIS, THOMAS
12719 BLUE PINE CIRCLE
HUDSON, FL 34669

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2004 Fee will be $550.00 | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIUERNOIS, THOMAS E
STREET ADDRESS	12719 BLUE PINE CIRCLE
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/04-80021-025 150.00

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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: *Thomas E Liuernois, Thomas E Liuernois*   4-1-04   727-857-9553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #