


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90016 010 ***150.00

DOCUMENT # S89009	
1. Entity Name PREMIERE COMMUNICATIONS, INC.	

Principal Place of Business 3399 PEACHTREE RD. N.E. SUITE 700 ATLANTA, GA 30326	Mailing Address 3399 PEACHTREE RD. N.E. SUITE 700 ATLANTA, GA 30326
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2. Principal Place of Business 3399 Peachtree Rd NE Suite, Apt. #, etc. Suite 700, Attn: Jacobs, Legal City & State Atlanta GA Zip 30326 Country USA	3. Mailing Address Same as # 2 Suite, Apt. #, etc. City & State Zip Country
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02152004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3090113	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLRED, JEFFREY A 3399 PEACHTREE ROAD, SUITE 600 ATLANTA, GA 30326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, BOLAND T 3399 PEACHTREE ROAD NE, SUITE 600 ATLANTA, GA 30326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUYENS, RICHARD J 3399 PEACHTREE ROAD NE, SUITE 600 ATLANTA, GA 30326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Jeffrey A. Allred 3399 Peachtree Rd NE, # 700 Atlanta GA 30326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP JONES, PATRICK G 3399 PEACHTREE ROAD NE, SUITE 600 ATLANTA, GA 30326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP - Legal + Secretary Lo Scott Askins 3399 Peachtree Rd NE, # 700 Atlanta, GA 30326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELWOOD, JOHN 3399 PEACHTREE RD NE, SUITE 700 ATLANTA, GA 30326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lo Scott Askins* **L. Scott Askins** **2/16/04** **404-262-8400**
SIGNATURE ADDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sr. VP + Secretary