<2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)</p>

Feb 09, 2006 08:00 AN Secretary of State DOCUMENT # V51391 1. Entity Name PENSACOLA TELEPHONE COMPANY, INC. Principal Place of Business Mailing Address 2044 PEREGRINE CT PENSACOLA TELEPHONE CO. PENSACOLA FL 32506 PENSACOLA FL 32506 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State__ City & State___ 4. FEI Number 59-3134076 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRESLEY, HOWARD DONALD Street Address (P.O. Box Number is Not Acceptable) 2044 PEREGRINE CT PENSACOLA FL 32506 Zip Code City 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 INDTE: Registered Agent signature required when rejustation DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. U00000427273 _ Change TITLE Delete 02/20/06-80076-024 150.00 PRESLEY, HOWARD DONALD NAME NAME STREET ADDRESS STREET ADDRESS 303 CALHOUN AVE. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addin. TITLE ☐ Delete TITLE NAME NAME PRESLEY, SYLVIA STREET ADDRESS 303 CALHOUN AVENUE STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIF Change Again Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TI Change A.L. Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addiso ☐ Change TITLE ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Additi-Tilif NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED