

2000 UNIFORM BUSINESS REPORT (UBR)

1402

DOCUMENT # F99000006623

1. Entity Name

SKYLYNX COMMUNICATIONS, INC.

FILED

00 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 600 SOUTH CHERRY STREET SUITE 400 DENVER CO 80246	Mailing Address 600 SOUTH CHERRY STREET SUITE 400 DENVER CO 80246
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 84-1360029	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MATHIAS, JEFFERY A 600 SOUTH CHERRY STREET SUITE 400 DENVER CO 80246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MAURER, JAMES E 600 SOUTH CHERRY STREET SUITE 400 DENVER CO 80246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ABELL, NED 600 SOUTH CHERRY STREET SUITE 400 DENVER CO 80246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, DAVE 600 SOUTH CHERRY STREET SUITE 400 DENVER CO 80246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIM, JENNY J 600 SOUTH CHERRY STREET SUITE 400 DENVER CO 80246 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Francis P. Ragano 600 South Cherry Street, Suite 400 Denver, CO 80246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. Samuel Ridley 600 South Cherry Street, Suite 400 Denver, CO 80246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert J. Smith 600 South Cherry Street, Suite 400 Denver, CO 80246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Steven R. Jesson 600 South Cherry Street, Suite 400 Denver, CO 80246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 200003232402--0

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 life empowered.

SIGNATURE: Jenny J. Kim Jenny J. Kim, Vice President 04/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20/2



ACCOUNT NO. : 072100000032

REFERENCE : 680502 7191148

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizut

ORDER DATE : April 28, 2000

ORDER TIME : 10:13 AM

ORDER NO. : 680502-005

CUSTOMER NO: 7191148

CUSTOMER: Becky Milano, Corp Paralegal
Skylynx Communications, Inc.
1738 Union Street

San Francisco, CA 94123

ANNUAL REPORT FILING

NAME: SKYLYNX COMMUNICATIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

RECEIVED
 00 MAY - 1
 AM 11:23
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA