

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000067

1. Entity Name
EZTEL NETWORK SERVICE, LLC

Principal Place of Business
667-D HIGHWAY 51 NORTH
RIDGELAND MS 39157

Mailing Address
667-D HIGHWAY 51 NORTH
RIDGELAND MS 39157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FILED
01 JUN 25 AM 8:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2206908**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYES STREET, SUITE 2
TALLAHASSEE FL 32301

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

3000004463189-4
-07/06/01--0113--024
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

| | | |
|----------------|---|---------------------------------|
| TITLE NAME | President/CEO | <input type="checkbox"/> Delete |
| STREET ADDRESS | Patric Boggs | |
| CITY-ST-ZIP | 667-D Highway 51 North Ridgeland, MS 39157 | |
| TITLE NAME | Secretary/ Treasurer | <input type="checkbox"/> Delete |
| STREET ADDRESS | Lammar Adams | |
| CITY-ST-ZIP | 667-D Highway 51 North Ridgeland, MS 39157 | |
| TITLE NAME | Chairman | <input type="checkbox"/> Delete |
| STREET ADDRESS | Jim Palmer | |
| CITY-ST-ZIP | 667-D Highway 51 North Ridgeland, MS 39157 | |
| TITLE NAME | Vice-Chairman | <input type="checkbox"/> Delete |
| STREET ADDRESS | Danny Dunaway | |
| CITY-ST-ZIP | 667-D Highway 51 North Ridgeland, MS 39157 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **4-23-01** **804-376-1096**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)