## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M0000000576

Address:

City-St-Zip:

100 RYON AVENUE 31310

HINESVILLE, GA 30136

Entity Name: USCARRIER TELECOM, LLC

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 180 INTERSTATE NORTH PARKWAY, SUITE 200 ATLANTA, GA 30339 **Current Mailing Address: New Mailing Address:** 180 INTERSTATE NORTH PARKWAY, SUITE 200 ATLANTA, GA 30339 FEI Number: 58-2325043 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ACCUCOMM TELECOMMUNI, CATIONS, INC. Name: Name: MAILCODE B4F05-SC Address: Address: City-St-Zip: LITTLE ROCK, AR 72202 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SOLOMON, TEDDY Name: Name: Address: 101 MERCER STREET Address: City-St-Zip: ALMA, GA 31510 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BRANTLEY TELEPHONE C, OMPANY, INC. Name: Name: 112 E CLEVELAND STREET Address: Address: City-St-Zip: NAHUNTA, GA 31553 City-St-Zip: ( ) Delete Title: MGR Title: () Change () Addition Name: BULLOCH CELLULAR, IN, C. Name: Address: 601 NORTHSIDE DRIVE WEST Address: City-St-Zip: STATESBORO, GA 30458 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition CITIZENS TELEPHONE C, OMPANY, INC. Name: Name: 134 N BAILEY AVENUE Address: Address: City-St-Zip: LESLIE, GA 31764 City-St-Zip: Title: () Delete Title: () Change () Addition COASTAL COMMUNICATIO, NS, INC. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL S LAYER CEO 04/27/2005