

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
May 09, 2003 8:00 am  
Secretary of State

05-09-2003 90054 007 \*\*\*\*50.00

DOCUMENT # M00000001817

1. Entity Name

NEW ACCESS COMMUNICATIONS LLC



10103576

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 801 Nicollet Mall Suite, Apt. #, etc. Suite 350 City & State Minneapolis, MN Zip 55402 Country USA		3. Mailing Address 801 Nicollet Mall Suite, Apt. #, etc. Suite 350 City & State Minneapolis, MN Zip 55402 Country USA	
--	--	--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1974247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name TCS Corporate Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 1406 Hays Street Suite #2	
City Tallahassee	FL Zip Code 32301

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carrier Services Steve Clay MGR 801 Nicollet Mall, Suite 350 Minneapolis, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greg Wilms, CEO MGR 801 Nicollet Mall, Suite 350 Minneapolis, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Wayne Bethell MGR 801 Nicollet Mall, Suite 350 Minneapolis, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200014844582 03/27/03-01023-014 \$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steve Clay DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE