2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000915

3197 TROUT PLACE RD.

City-St-Zip: CUMMING, GA 30041

Address:

Entity Name: PYRAMID NETWORK SERVICES, LLC

FILED May 03, 2004 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
	WATERS PK NY 132140003				
Current Ma	ailing Addres	s:	New Mailing Addı	New Mailing Address:	
5786 WIDEWATERS PKWY. DEWITT, NY 132140003			PO BOX 3	5786 WIDEWATERS PKWY. PO BOX 3 DEWITT, NY 132140003	
FEI Number:	16-1592709	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:					
1200 S. PIN PLANTATIO	DRATION SYS NE ISLAND RE ON, FL 33324	D. US	rnose of changing its regist	ered office or registered agent, or both	
in the State	of Florida.	submits this statement for the pu	rpose of changing its regist	ered office of registered agent, or both	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agen	t	Date	
MANAGIN	G MEMBERS	/MEMBERS:	ADDITIONS/CHAP	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () SCUDERI, JOS 5615 MUSCOV MANLIUS, NY	Y LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () CLARK, JOHN I 7811 CHEVIOT FAYETTEVILLE	CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () SCUDERI, JOS 11 REIS CIR. FAYETTEVILLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR () WEICHERT, CY	Delete /RUS	Title: Name:	() Change () Addition	

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: JOHN L CLARK MGR 05/03/2004