


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

97 MAR 31 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>FILING FEE</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
<b>\$ 203.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M95000000251

IPN NETWORK, LLC, LIMITED COMPANY  
 601 MAINSTREAM DRIVE  
 NASHVILLE TN 37228

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

601 MAINSTREAM DRIVE  
 NASHVILLE TN 37228

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/25/1995		TN	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired	
				04/29/1996		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM,  
 1201 HAYS STREET, SUITE 105  
 TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, etc.  
 City

000002128770-0  
 -04/29/97--01039--011  
 \*\*\*203.75 \*\*\*203.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HODGE, JOE T	601 MAINSTREAM DRIVE	NASHVILLE TN
MGR	KENNEDY, DALE	601 MAINSTREAM DRIVE	NASHVILLE TN
MGR	MOHR, JOHN	601 MAINSTREAM DRIVE	NASHVILLE TN
MGR	ARMSTRONG, TERRY	601 MAINSTREAM DRIVE	NASHVILLE TN
MGR	Kunysz, John	601 Mainstream Dr	Nashville, TN

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 

3-20-97 615-401-7700

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #