

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Bandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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W313

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M97000000463**  
  
E Z TALK COMMUNICATIONS, L.L.C.  
~~12823 PARK ONE DRIVE~~ 4727 S. Main  
~~SUGARLAND TX 77478~~ Stafford, TX 77477

1a. Principal Place of Business Address  
~~12823 PARK ONE DRIVE~~  
~~SUGARLAND TX 77478~~  
4727 S. Main  
Stafford, TX 77477

2. Principal Place of Business  
4727 So. Main  
Suite, Apt. #, etc.  
  
City & State  
Stafford TX  
Zip Country  
77477 USA

2a. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
*same*  
Zip Country

3. Date Organized or Qualified  
07/30/1997  
4. FEI Number  
76-0520632  
5. Date of Last Report

3a. State of Formation  
TX  
 Applied For  
 Not Applicable  
6. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
100002447471--S  
-03/05/98--01005--005  
\*\*\*188.75\*\*\* \*\*188.75  
FL

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                |
|-----------|---------------------------|---|---|
| MGRM      | BROWN, JAMES C            | 4727 S. Main<br><del>12823 PARK ONE DRIVE</del> | Stafford, TX<br><del>SUGARLAND TX</del> |
| MGRM      | ROSE, J L                 | <del>12823 PARK ONE DRIVE</del>                 | <del>SUGARLAND TX</del>                 |
| MGRM      | THOMAS, E B               | <del>12823 PARK ONE DRIVE</del>                 | SUGARLAND TX                            |
| MGRM      | BEAKLEY, RANDY            | <del>12823 PARK ONE DRIVE</del>                 | SUGARLAND TX                            |
| MGRM      | DeLorenzo, Joseph P.      | 4727 S. Main                                    | Stafford, TX                            |
| MGRM      | Marks, Louis B.           | 4727 S. Main                                    | Stafford, TX                            |

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: *[Signature]* 2-26-98 (281) 274-7702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #