

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016904 AB

DOCUMENT # **M97000000463**

1. Entity Name
E Z TALK COMMUNICATIONS, L.L.C.

00 MAY -3 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4727 S. MAIN STAFFORD TX 77477	Mailing Address 4727 S. MAIN STAFFORD TX 77477-4723
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **76-0520632** Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BROWN, JAMES C STREET ADDRESS 4727 S. MAIN CITY-ST-ZIP STAFFORD TX 77477	<input type="checkbox"/> Delete
TITLE NAME MGRM BEAKLEY, RANDY STREET ADDRESS 4727 S. MAIN CITY-ST-ZIP STAFFORD TX 77477	<input type="checkbox"/> Delete
TITLE NAME MGRM DELORENZO, JOSEPH P STREET ADDRESS 4727 S. MAIN CITY-ST-ZIP STAFFORD TX 77477	<input type="checkbox"/> Delete
TITLE NAME MGRM MARKS, LOUIS B STREET ADDRESS 4727 S. MAIN CITY-ST-ZIP STAFFORD TX 77477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11. I 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 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: *James C. Brown* Date: **4/19/00** Daytime Phone #: **(281) 274-7702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR/E083 (9/99)