

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90052 019 ****50.00

0074690

DOCUMENT # M97000000463

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



Principal Place of Business Mailing Address

4727 S. MAIN **4727 S. MAIN**
STAFFORD TX 77477 **STAFFORD TX 77477**

20019691



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

CR2E083 (10/02)