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

UF	AILOKW ROS	SINESS REPUR	I (UBK)		1ay 03, 20		o am	L
1. Entity Nam	MENT # M97				Secretary 05-05-2003 92180			í
Principal Place of Business 599- CLINTON-CENTER-DR. CLINTON-MS 39056		Mailing Address 1133 19TH STREET N.W. DEPT 8408 WASHINGTON DC 20036	1133 19TH STREET N.W. DEPT 8408					
2. Principal Place of Business 2200 (LouDour County Prwy Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		EXCLUSION AISEE IS MAKING QUANCES			
Suite, Apr. #, etc.		outo, ript. #, cto.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State ASHBURN VA		City & State			4. FEI Number 72-1380746		Applied For Not Applicable	
Zip Jos	47 Country US	Zip	Country		e of Status Desired	\$5.00 Ad Fee Require		
	6. Name and Address o	f Current Registered Agent	Name	7. Name an	d Address of New Register	ed Agent		-
526	I SERVICES, INC. E. PARK AVENUE			Street Address (P.O. Box Number is Not Acceptable)		<u> </u>	$\frac{1}{2}$	
TALI	LAHASSEE FL 32301					· ·		]
	` .		City		FL Zip Code			
SIGNATURE .	ions of registered agent.  Signature, typed or printed name of regi	FILE N Make Check Payab Du	ie By May 1, 2003	0.00 artment of State	, DA			*
9.		G MEMBERS/MANAGERS	10.		ADDITIONS/CHANC		- Addition	่⊲
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EBBERS, BERNARD 500 CLINTON CENTER JACKSON MS 39056	DR.	NAME 4	MGR MICHAEL CAF 22001 LOUDOU ASH BURN	IN COUNTY PARKU	☑ Change	☐ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, SCOTT 500 CLINTON CENTER JACKSON MS 39056	Ø Delete  DR.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL SA 22001 LOUDO ASHBURN, V	LISBURY UN COUNTY PARM 'A 20147 -	☑ Change UAY	☐ Addition	CR2
TITLE NAME Street address City-\$t-zip	MGR NAGEL, WALTER 1133 19TH ST NW WASHINGTON DC 2003	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		· Delete	TITLE			Change	Addition	

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NIME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED SEPTESENTATIVE

Date

Date

Date

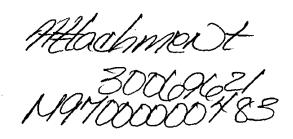
Date

Description Phone #

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.

CITY-ST-ZIP

CITY-ST-ZIP



## WorldCom, Inc. and Subsidiaries Tax Executive

I, Michael Capellas, Chief Executive Officer and President of WorldCom, Inc., hereby delegate authority to Douglas A. Richards, Acting Vice President and General Tax Counsel, although not an officer of these companies, to perform any and all acts with respect to WorldCom, Inc. and each of WorldCom, Inc.'s subsidiaries (collectively referred to as "WorldCom") tax matters, including but not limited to, sign and file all tax returns; sign any agreements, consents, or other documents; file and prosecute any claims; represent WorldCom in Tax audits and other tax legal proceedings; and settle, compromise and bind WorldCom with respect to any tax matters pursuant to any provision of current, prior, or subsequent Federal, state, local and foreign law for WorldCom.

February , 2003

Michael Capellas

Chief Executive Officer and President

Sworn and subscribed before me on this who day of January, 2003 in Ashburn, Virginia.

Wood. OC

DOLORES VISMARA
Natary Public District of Columbia

1. ion Expires: 6/14/04