

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE ★  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 OCT 26 PM 6:17

DOCUMENT # P98000088410  
 1. Corporation Name  
 MILLENIUM TELECOM, INC.

Principal Place of Business Mailing Address  
 64B S.E. 5TH AVENUE 64B S.E. 5TH AVENUE  
 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08/26/99 90001018 \$550.00  
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 88 NE 5TH AVE 26 88 NE 5TH AVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 DELRAY BEACH, FL 28 DELRAY BEACH, FL  
 Zip Country Zip Country  
 24 33483 25 29 33483 30

3. Date Incorporated or Qualified  
 10/12/1998

4. FEI Number Applied For  
 65-0968678 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
 SCHONE, LARRY T  
 50 S.E. FOURTH AVENUE  
 DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
 FL

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	PO	<input type="checkbox"/> DELETE
NAME	MULLER, KEVIN	
STREET ADDRESS	64B S.E. 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CANNON, JOSEPH J	
STREET ADDRESS	64B S.E. 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIDT, WILLIAM C	
STREET ADDRESS	64B S.E. 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME		
1.3 STREET ADDRESS	88 NE 5TH AVE	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME		
2.3 STREET ADDRESS	88 NE 5TH AVE	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME		
3.3 STREET ADDRESS	88 NE 5TH AVE	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 8/28/99 (561) 270-2294  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #