

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90049 009 \*\*\*\*55.00

CU11/05/07

**DOCUMENT # L96000000333**

1. Entity Name  
**UNITED WORLD TELECOM L.C.**

Principal Place of Business      Mailing Address  
**1845 S. FEDERAL HIGHWAY, SUITE 354**      **1845 S. FEDERAL HIGHWAY, SUITE 354**  
**DELRAY BEACH FL 33483**      **DELRAY BEACH FL 33483**

**909042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1845 S. Federal Highway**      **1845 S. Federal Highway**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**354**      **354**

City & State      City & State  
**Delray Beach, FL**      **Delray Beach, FL**

4. FEI Number      Applied For  
**65-0652428**       Not Applicable

Zip      Country      Zip      Country  
**33483**      **U.S.A.**      **33483**      **U.S.A.**

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

6. Name and Address of Current Registered Agent  
**GENOYER, THIERRY**  
**740 AZALEA ST**  
**BOCA RATON FL 33486**

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.  
 SIGNATURE *Thierry Genoyer, THIERRY GENOYER, Managing Member*      DATE **01/16/02**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>GENOYER, THIERRY</b>
STREET ADDRESS	<b>733 LAKE SHORE DR.</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>GENOYER, JEAN-MARC</b>
STREET ADDRESS	<b>107 AV. DE LA FLORIDE</b>
CITY-ST-ZIP	<b>1190 BRUSSELS-BELGIUM</b>
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	

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Thierry Genoyer*      **THIERRY GENOYER**      DATE: **01/16/02**      DAYTIME PHONE #: **(561) 276-7156**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)