

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124820

Entity Name: BIP TELECOM LLC

FILED  
Mar 13, 2008  
Secretary of State

## Current Principal Place of Business:

12955 BISCAYNE BOULEVARD  
406-A  
NORTH MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

12955 BISCAYNE BOULEVARD  
406-A  
NORTH MIAMI, FL 33181

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARFI, SANDRINE  
12955 BISCAYNE BOULEVARD  
406-A  
NORTH MIAMI, FL 33181 US

## Name and Address of New Registered Agent:

SOCIETE NOUVELLE  
12955 BISCAYNE BOULEVARD  
406-A  
NORTH MIAMI, FL 33181 US

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: PAULE ISABELLE

03/13/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ARFI, YANAI  
Address: 12955 BISCAYNE BOULEVARD - SUITE 406-A  
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM (X) Delete  
Name: HADIDA, SERGE  
Address: 7 RUE REMUSAT  
City-St-Zip: PARIS, FR 75016

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HADIDA, SERGE  
Address: 7 RUE REMUSAT  
City-St-Zip: PARIS, FR 75016

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SERGE HADIDA

MGR

03/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date