SECRETARY OF STALE DIVISION OF CORPORATIONS

2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004 DOCUMENT # A03000000635 1. Entity Name SUMMIT COMMUNICATIONS INVESTMENT, LTD. Mailing Address Principal Place of Business 1270 NW 165TH STREET 1270 NW 165TH STREET NORTH MIAMI, FL 33169 NORTH MIAMI, FL 33169 2. Principal Place of Business /270 N.W. 165 B STREET 3. Mailing Address 1270 N.W. 165th STICAT Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 100 City & State		Suite 100	9	4. FEI Number Applied For		
MIAMI	FLORIDA	City & State MIAMI, A.	v Ri OA	91-2192162	Not Applicable	
Zip 33 169	Country	Zip 33167	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registere	d Agent	
SCHAEFER, JUSTIN A 730 NE 71ST STREET MIAMI, FL 33138			Name	Street Address (P.O. Box Number is Not Acceptable)		
			Street Add			
				er er € t		
,			City		L Zip Code	
	named entity submits tha stateme ions of registered agen	nt for the purpose of changin	g its registered office or r	egistered agent, or both, in the State of Florida. I a		
SIGNATURE Signature, typed or printed name of registered agent and title # reparable.				DATE		
			1-1-1-0			
9. Capital Co as Shown		in FLORIDA	capital Contributions to date.			
				EGISTERED AND ACTIVE WITH THIS OFF idment must be filed to change a general p		
12.	2. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME	P03000044612 INFINITY COMMUNICATIONS HOLDINGS, INC. 1270 NW 165TH STREET NORTH MIAMI, FL 33169		STREET ADDRESS	1270 N.W. 165 TRET :	su.te 100	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	MIAM: , FL 33169		
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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the faceiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STAPLE CHECK HERE

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST DP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

786-798-6441

Daytime Phone #