LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Suite, Apt. #, etc.

*3*2953

Country

City & State

Freedom Phone Services

DO NOT WRITE

MANAGING MEMBERS/MANAGERS

32953

IN THIS SPACE

DOCUMENT #

Hickory

Manager

Marager

Kothlow Rodamer

MEMH Islan

Donna M. Hahn

300 Hickory Ave

1. Entity Name

300

9.

TITLE?

NAME STREET ADDRESS CITY-ST-ZIP

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NAME STREET ACCRESS

Π̈́ΤLE NAME STREET ADDRESS

MANAG

MAME STREET ADDRESS

1)

CITY-ST-719

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME STREET ADDRESS

Suite, Apt. #, etc.

32953

502070904282 03/05/02 900060 FILED 155.00 02 SEP 19 AM 11: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 400007898714--2 -09/20/02--01058--011 *****50.00 ****50.00 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 364 7507 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Kodares Street Address (P.O. Box Number is Not Acceptable) MernH 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. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 STREET ADDRESS CITY ST.ZIP ---STREET ADDRESS DO NOT WRITE IN THIS SPACE STREET ADDRESS STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP 11. I hereby centify 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.

MALE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING MANAGING NEWBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Donna Hahn