

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000008398

1. Entity Name  
IDS TELCOM LLC



Principal Place of Business  
1525 N.W. 167TH STREET, SUITE 200  
MIAMI, FL 33169

Mailing Address  
1525 N.W. 167TH STREET, SUITE 200  
MIAMI, FL 33169



03122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0923839

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NOSHAY, MICHAEL  
1525 N.W. 167TH STREET, SUITE 200  
MIAMI, FL 33169

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000098842  
03/29/04-80058-014 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME PETRONE, ANTHONY  
STREET ADDRESS 1525 N.W. 167TH STREET, SUITE 200  
CITY-ST-ZIP MIAMI, FL 33169

TITLE MGR  
NAME MILSTONE, JOSEPH C  
STREET ADDRESS 1525 N.W. 167TH STREET, SUITE 200  
CITY-ST-ZIP MIAMI, FL 33169

TITLE MGR  
NAME NOSHAY, MICHAEL  
STREET ADDRESS 1525 N.W. 167TH STREET, SUITE 200  
CITY-ST-ZIP MIAMI, FL 33169

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michael Noshay 3/22/04 305-612-4770