

REINSTATEMENT

DOCUMENT # L00000009519

1. Entity Name

TELECOM INTERNATIONAL, L.L.C.

Principal Place of Business

20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2002

700009440367

10/02--01077--007 **150.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PASQUALE, FALCO
STREET ADDRESS 20801 BISCAYNE BLVD., SUITE 505
CITY-ST-ZIP AVENTURA FL 33180

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

TELECOM INTERNATIONAL LLC

1-03-2002

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

Date

Daytime Phone #

0011830

CR2E083(9/01)