2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # L0100005956 1. Entity Name ICALL PREPAID, LLC					05-03-20	04 901 44 008 ***	*50.00	
Principal Plac 444 N.E. 200 MIAMI, FL 3:	6 LANE APT. 101	Mailing Address 444 N.E. 206 LANE A MIAMI, FL 33179	PT. 101					
2. Principal P 16112 Suite, Apt.		3. Mailing Address 16112 NW Suite, Apt. #, etc.	12th Ave	04152004		CDOFORD (10/00)		
City & State	e _	City & State		4. FEI Number	Chg-LLC	CR2E083 (10/03)	pplied For	
MIAL		MIAMI	Country	65-1094	798		t Applicable	
33169	USA	33179	USA		f Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New R	egistered Agent		
ROTH, LEONARDO A ESQ.								
	LYWOOD BLVD., SUITE 360 DOD, FL 33021	Street Address (s (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
			City		·	FL Zip Code	e -	
8. The above	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registered office or regis	stered agent, or both	, in the State of Flo		and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	od tila i aasta-klo	TE: Registered Agent signature requ	drag ub an as legation		DATE		
	signature, typed or printed name or registered agent a	and the illappicable. (NO	ir: Heðiztetag Aðaur siðurrinta tadn	nied when reinstating)		DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2004				Florida	e check payable to Department of State	1	
Fi D:	iling.Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE	RS/MANAGERS	10.		Florida	Department of State	1	
9.	MANAGING MEMBE	RS/MANAGERS	ПЕ		Florida	Department of State	1	
9. TITLE NAME	MANAGING MEMBE MGRM KARP, GUSTAVO		TITLE NAME		Florida	CHANGES		
9.	MANAGING MEMBE		ПЕ		Florida	CHANGES		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM KARP, GUSTAVO 444 N.E. 206 LANE APT. 101 MIAMI, FL 33179 MGRM		TITLE NAME STREET ADDRESS		Florida	CHANGES		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM KARP, GUSTAVO 444 N.E. 206 LANE APT. 101 MIAMI, FL 33179 MGRM LUND, KENNETH T	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	CHANGES Change	☐ Addition	
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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 for the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

GIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/04

305 62837

Daytime Phone #