2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015573



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90316 013 ****55.00

DIALTO	ONE TELECOM, LLC					01-21-2003 9	90316 013 **	**55.00	
Principal Place of Business 121 WEST CLARK STREET QUINCY FL 32351		Mailing Address P.O. BOX 2129 QUINCY FL 32353-2129	P.O. BOX 2129		20012388				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3747008 Applied Fo				
Zip	Country	Zip	Country		5. Certificate of			Not Applica O Additional	
-	6Name and Address of Curre	nt Registered Agent					Fee Re	equired	
Rif	CHMOND, HAROLD S			lame	7. Name and A	ddress of New Re	gistered Agent-		
22	7 EAST JEFFERSON STREET JINCY FL 32351				(P.O. Box Number is Not Acceptable)				
	7.01 1 2 3233 1	•		 -	<u> </u>				\dashv
8. The abov	e named entity submits this statement	for the	Ci	ity			FL Zip	Code	_
the obliga	e named entity submits this statement titions of registered agent.	for the purpose of changing its	s registered of	fice or registered	dagent, or both, i	n the State of Floric	ta. I am familiar	with, and accer	ot
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (Not							l
				nt signature required wh	nen reinstating)		DATE		-
}		Make Charles	OW!!! FEE	IS \$50.00					ヿ
}		Make Check Payabi	le to Florida	Department	of State				1
9.	MANAGING MEMBI	ERS/MANACEDS	e By May 1,	2003		3			- [
TITLE	MANAGING MEMBERS/MANAGERS 10. MGR MUNDOE MACK M. Delete TITLE					ADDITIONS/CH	HANGES		\dashv
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11. I hereby cer	tify that the information supplied with the	nis filing does not qualify for the	CITY-ST-ZIP				_	ĺ	1

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.

JRE: JAKAMATON, EMPSOUTACEM. MUNROR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

(850) 627 8057