

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90107 019 ****50.00

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DOCUMENT # L01000018418

1. Entity Name

**INTERNATIONAL TELECOMMUNICATIONS CONSULTANTS, LL
C**



Principal Place of Business

**2200 NORTH ATLANTIC AVE., #1701
DAYTONA BEACH FL 32118**

Mailing Address

**2200 NORTH ATLANTIC AVE., #1701
DAYTONA BEACH FL 32118**

2. Principal Place of Business

1629 APRICOT COURT

3. Mailing Address

1629 APRICOT COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

RESTON

RESTON

20190

VIRGINIA

20190

VIRGINIA

4. FEI Number **59-3756405**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARANGELLA, MARK V
2200 NORTH ATLANTIC AVE., #1701
DAYTONA BEACH FL 32118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARANGELLA, PHILLIP V
2200 NORTH ATLANTIC AVE., #1701
DAYTONA BEACH FL 32118** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARK V. MARANGELLA 4/17/03 (703) 467-5912

CR2E083 (10/02)