FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90583 016 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010261

1. Entity Name

ONS-TELECOM, LLC



Principal Place of Business Mailing Address 5909 21ST STREET EAST 5909 21ST STREET EAST **BRADENTON FL 34206 BRADENTON FL 34206** 2. Principal Place of Business 2123 Whit Hield ParkHW. 3. Mailing Address
P.O. Box 1049 CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Tity & State City & State 4. FEI Number allevas7 aRasotA Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HORLICK, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 1314 EAST VENICE AVENUE, SUITE D VENICE FL 34292 City 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR CR2E083 (10/02) TITLE P enange ☐ Addition ☐ Delete SMITH LINDA TRAKAVE. 2123 Whitfield PARKAVE. SARRASOTA, FL 34243 LINDA SMITH, LINDA C NAME NAME 5909 21ST STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34206** CITY-ST-ZIP MOREM MGR TITLE ☐ Delete TITLE Change Addition SMITH JERALD H. 2123 Whitfield PARKAVE. SMITH, HERALD H NAME NAME 5909 21ST STREET EAST STREET ADDRESS STREET ADDRESS Sarasota FL 34243 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34206** TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.