


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 26 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L02000016879</b> 1. Entity Name SEAMLESS INTERNATIONAL COMMUNICATION, L.L.C.					
Principal Place of Business 1475 W CYPRESS CREEK RD. SUITE 204 FT LAUDERDALE, FL 33309			Mailing Address 1475 W CYPRESS CREEK RD. SUITE 204 FT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
07192007      Chg-LLC      CR2E083 (12/06)					
6. Name and Address of Current Registered Agent  HEITZ, WILLIAM R ESQ 1475 W CYPRESS CREEK RD. SUITE 204 FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name <b>BARBARA HUGHES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1475 W. CYPRESS CREEK RD.</b> <b>SUITE 204</b> City <b>FORT LAUDERDALE</b> FL      Zip Code <b>33309</b>		
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 <u><i>Barbara Hughes</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Barbara Hughes</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>9-06-07</u> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM <input type="checkbox"/> Delete FUSION TELECOMMUNICATIONS INTERNATIONAL 1475 W CYPRESS CREEK RD. FT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1475 W. cypress creek rd., Suite 204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400110060424 09/28/07--01054--006 **\$0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Barbara Hughes</i></u> <b>Barbara Hughes as CEO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>9-10-07</u> <u>954-331-2423</u> <small>Date      Daytime Phone #</small>		