2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021573

1. Entity Name

SKYNET TELESYSTEMS LLC



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 92175 013 ****50.00

Principal Place of Business 12. Principal Place of Business 13. Mailing Address Suite, Apr. #, etc. City & State 14. PEL Hourister 15. Suite, Apr. #, etc. City & State 16. Name and Address of Current Registered Agent 17. Name and Address of Name and Address of Current Registered Agent 18. The above named with submits this estatement for the purpose of changing its registered Agent and Address (PO. Box Number is Not Applicable) 18. The above named with submits this estatement for the purpose of changing its registered Agent and Address (PO. Box Number is Not Applicable) 18. The above named with submits this estatement for the purpose of changing its registered Agent and Address (PO. Box Number is Not Applicable) 18. The above named with submits this estatement for the purpose of changing its registered Agent and Address (PO. Box Number is Not Applicable) 18. The above named with submits this estatement for the purpose of changing its registered Agent agent, or both, in the State of Florica. I am familier with and accept the collegations of registered agent, or both, in the State of Florica. I am familier with and accept the collegations of registered agent, or both, in the State of Florica. I am familier with and accept the collegations of registered agent, or both, in the State of Florica. I am familier with and accept the collegations of registered agent, or both, in the State of Florica I am familier with and accept the collegations of registered agent, or both, in the State of Florica I am familier with and accept the collegations of registered agent. Or both, in the State of Florica I am familier with and accept the collegations of registered agent. Or both, in the State of Florica I am familier with and accept the collegations of Florica I am familier with and accept the collegations of Florica I am familier with accept the collegations of Florica I am familier with accept the familier with a	L					600 WE 18	·					
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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

Daytime Phone #